



District of Columbia

Department of Housing and Community Development

CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT

**FOR FISCAL YEAR 2002
OCTOBER 1, 2001 - SEPTEMBER 30, 2002**



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TABLE OF CONTENTS

Introduction and Executive Summary	i
Part I Mission and Programs of the D.C. Department of Housing and Community Development	1
A. Homebuyer Assistance and Housing Recycling and Preservation Programs.....	1
B. Affordable Housing Production Programs.....	2
C. Community Organization Support	3
D. Homeless Support and Prevention	4
E. Economic and Commercial Development.....	5
Part II Housing and Community Development Goals and Strategies for the District of Columbia	7
A. The FY 2001-2005 Consolidated Plan	7
1. Providing Affordable Housing	7
2. Operating the Continuum of Care	7
3. Expand Access to Housing Choice	9
4. Reduction of Lead-Based Paint Hazards.....	9
5. Implementation of an Anti-Poverty Strategy.....	10
6. Fair Housing Promotion	10
B. Short-Term Goals: the Consolidated Plan FY 2002 Action Plan and the Director's Performance Contract	10
Part III Fiscal Year 2002 Resources	15
A. Federal and Local Public Funding	15
1. Grants and Appropriations.....	15
2. FY 2002 Budget Allocations	16
B. Leveraged Funds	18
Part IV Accomplishments and Assessment of the FY 2002 Performance	19
A. FY 2002 Investments.....	19
1. Homebuyer Assistance and Housing Recycling and Preservation.....	19
2. Affordable Housing Production	20
3. Community Organization Support	21
4. Homeless Support and Prevention.....	23
5. Economic and Commercial Development.....	29
B. Other FY 2002 Accomplishments	30
1. Fair Housing Activities	30
2. Special Needs Housing	31
3. Lead-Based Paint.....	31
4. Program Improvements	31
5. Coordination with the D.C. Housing Authority.....	31
6. Georgia Avenue Neighborhood Revitalization Strategy Area	32
7. Carver Terrace/Langston Terrace/Ivy City/Trinidad NRSA.....	33
Part V CDBG and HOME Program Performance	37
A. CDBG Program Performance.....	37
B. HOME Program Performance.....	39
Part VI HOPWA Program Performance.....	43
A. Grantee and Community Profile	43

DRAFT FOR PUBLIC COMMENT

B. Program Accomplishments.....	43
C. Accomplishment Narrative	44
1. Overview – Activities, Barriers, Actions Taken and Recommendations	44
2. Accomplishment Data	44
3. HOPWA FY 2002 Performance Summaries.....	44
Part VII Public Participation	53
Appendix A Development Finance Division – FY 2002 Funded Projects	57
Appendix B NDAP/CBSP Performance Measures – FY 2002 Funded Contracts.....	65
Appendix C Homelessness and the Continuum of care	69
Table 1: Summary of Accomplishments, FY 2002.....	i
Table 2: Proposed FY 2002 Accomplishments.....	11
Table 3: Available FY 2002 Funding	16
Table 4: FY 2002 CDBG Program (CD-27) Budget	16
Table 5: FY 2002 HOME Program Budget	17
Table 6: FY 2002 Emergency Shelter Grant Program Budget.....	17
Table 7: FY 2002 Local / Other Funds Budget	17
Table 8: Homeownership and Home Rehabilitation Financing, FY 2002	19
Table 9: Housing Units Created/Rehabilitated, FY 2002	20
Table 10: CDC/CBO Work Programs, FY 2002.....	21
Table 11: Job Creation, Business Counseling and Housing Counseling Expenditure, FY 2002..	23
Table 12: Changes in the Number and Percentage Distribution of Beds	25
Table 13: Family Continuum of Care Changes, 1995-2002	26
Table 14: Percent of FY 2002 Community Partnership Budget for Families and Youth	26
Table 15: Georgia Avenue NRSA Performance Data	33
Table 16: CLTICT NRSA Performance Data.....	34
Table 17: CDBG Proposed and Actual Project Awards, FY 2002.....	38
Table 18: HOME Fund Investments, FY 2002	39
Table 19: Comparison of Original Application Targets to Actual Client Totals	45
Table 20: Housing Units Supported During FY 2002 – Washington, DC EMSA.....	46
Table 21: Housing Units Supported During FY 2002 – District of Columbia	46
Table 22: Housing Units Supported During FY 2002 – Suburban Maryland.....	47
Table 23: Housing Units Supported During FY 2002 – Suburban Virginia	48
Table 24: Housing Units Supported During FY 2002 – Suburban West Virginia.....	48
Table 25: Planned vs. Actual Units, FY 2002 – Washington, DC EMSA.....	49
Table 26: Planned vs. Actual Units, FY 2002 – District of Columbia	50
Table 27: Planned vs. Actual Units, FY 2002 – Suburban Maryland.....	50
Table 28: Planned vs. Actual Units, FY 2002 – Suburban Virginia	51
Table 29: Planned vs. Actual Units, FY 2002 – Suburban West Virginia.....	51
Table 30: Changes in the Number and Percentage Distribution of Beds	71

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INTRODUCTION AND EXECUTIVE SUMMARY

The U.S. Department of Housing and Urban Development (HUD) requires each of its federal entitlement grant recipients to file a Consolidated Annual Performance and Evaluation Report (CAPER). The CAPER must be submitted to HUD within 90 days after the close of the grantee's fiscal year and after a 15-day public comment and review period.

The CAPER provides HUD with the information needed for HUD to assess a grantee's ability to carry out its programs. It presents operational information on the grantee's activities to the general public in the local jurisdiction as well as to the Congress.

This CAPER reports on the activities of the D.C. Department of Housing and Community Development (DHCD) for its fiscal year 2002 (CD-27)—the 27th year of DHCD's participation in the Community Development Block Grant program. The CAPER describes DHCD's and the District's use of the four federal entitlement grants covered under the CAPER. These include:

1. Community Development Block Grant Program (CDBG)
2. HOME Investment Partnerships Program (HOME)
3. Emergency Shelter Grants Program (ESG)
4. Housing Opportunities for Persons with AIDS Program (HOPWA)

In addition, this CAPER includes a detailed comparison of DHCD's FY 2002 accomplishments versus the goals we set at the start of the fiscal year; information on various DHCD initiatives, such as our fair housing and public education and outreach efforts; and descriptions of other activities that will enable the public to fairly judge DHCD's performance in fulfilling its housing and community development mission.

Summary of Accomplishments

Total funding to the District from the four entitlement grants in DHCD's FY 2002 (HUD's FY 2001) was \$41,539,000. HOPWA funds (\$8,821,000) go directly to, and are administered by, the HIV/AIDS Administration, D.C. Department of Health. With the remaining CDBG, HOME and ESG funding, supplemented by local dollars, DHCD made the following investments in the community:

Table 1: Summary of Accomplishments, FY 2002

• New/Rehab Multifamily Units	1,556	• Jobs Created/Retained	2,810
• New/Rehab Single Family Units	24	• Job Training	446
• Homebuyer Assistance	427	• Business Technical Assistance	916
• Eviction Prevention Grants	339	• Microloans	5
• Homeless Outreach	2,224	• Tenant Purchase Assistance	242
• Shelter Transportation	8,095	• Housing Counseling	13,088
• Shelter Bed Rehabilitation	52		

DHCD undertook other activities in FY 2002 that support its program and project delivery efforts. These included:

- Fair housing outreach and translation of brochures into Spanish, Chinese and Vietnamese.
- Legislative action to prevent source-of-income discrimination.
- Revision of procedures to incorporate the Lead-Safe Housing Rule into Department housing programs.
- Improvements in program delivery, the processes for applying for funding, and the monitoring protocols for sub-grantees.

This draft is provided for the public comment period, November 21 to December 6, 2002. The Department invites all interested parties to submit written comments **no later than December 6, 2002** to one of the following addresses:

By mail to: D.C. Department of Housing and Community Development
Office of the Director
801 North Capitol Street, N.E.
Washington, DC 20002
Attn: Paul Cohn, Special Assistant to the Director

By e-mail to: paul.cohn@dc.gov

PART I MISSION AND PROGRAMS OF THE D.C. DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

The mission of the Department of Housing and Community Development is to be a catalyst in neighborhood revitalization by strategically leveraging public funds with private and non-profit partners for low-to-moderate income D.C. residents in order to promote the preservation, rehabilitation and development of housing, increase home ownership, and support community and commercial initiatives.¹ To accomplish this mission, the Department in FY 2001 established five priority program areas in which to undertake community planning and development initiatives. These program areas, in effect for FY 2002, were:

1. Homebuyer Assistance and Housing Recycling and Preservation
2. Affordable Housing Production
3. Community Organization Support
4. Homeless Support and Prevention
5. Economic and Commercial Development

In 2002, DHCD funded and operated 20 programs within these program areas. These programs are described below.²

A Homebuyer Assistance and Housing Recycling and Preservation Programs

Home Purchase Assistance Program: The Home Purchase Assistance Program (HPAP) provides financial assistance in the form of interest-free and low-interest loans to qualified District residents to enable them to purchase homes, condominiums, or cooperative apartments. Qualified households who are accepted into the three-tiered program are eligible for loans to meet down payment and closing cost requirements. The amount of the loan is based on a combination of factors including income, household size, and the amount of assets that each applicant has to commit toward the purchase price. Loans provided are subordinate to private first trust mortgages. Also included are 1) the D.C. Employer-Assisted Housing; and 2) the Metropolitan Police Housing Assistance programs, which provide specific benefits to District of Columbia government employees and Metropolitan Police Department employees, respectively.

Home Ownership Developers Incentive Fund: The Home Ownership Developers Incentive Fund (HoDIF) provides grants to community development corporations and other nonprofit development entities to help lower the sales price of units they develop, to make them affordable to low- and moderate-income purchasers.

Homestead Housing Preservation Program: The Homestead Housing Preservation Program (Homestead) takes possession of tax delinquent real property (and, occasionally, DHCD foreclosures) and sells them to first-time home buyers for as little as \$250 per unit. In

¹ As rewritten in August 2002.

² There also is a General Administration and Overhead use of Community Development Block Grant (CDBG) funds. These funds may be used to pay reasonable program administration costs and carrying charges related to the planning and execution of community development activities assisted in whole or in part with funds provided under the CDBG or HOME programs.

exchange, the home buyer commits to enroll in and complete a home ownership training course, rehabilitate the property, reside in the property for a minimum of five years, and return it to the real property tax rolls. Low- and moderate-income participants receive a \$10,000 deferred mortgage to assist them with gap financing. The Homestead Program also sells apartment buildings and vacant lots to developers who ultimately sell the units to first-time homebuyers - as well as commercial property to neighborhood-based businesses and non-profits that are providing services.

Single Family Housing Rehabilitation Program: The Single Family Housing Rehabilitation Program is a source of low-cost financing for the rehabilitation of one to four unit owner-occupied housing located within the District of Columbia. The program provides low-interest amortized loans for up to 20 years and no interest deferred loans, depending on the financial circumstances of the borrower and the amount of rehabilitation required to correct code deficiencies. Additional initiatives within this program include: 1) the Weatherization/Roofing Assistance Program; 2) the Senior Citizen Home Repair and Improvement Program (SCHRIP); 3) the Lead Based Paint Abatement Program; and 4) the Handicapped Accessibility Improvement Program.

First Right to Purchase/Tenants' Purchase Technical Assistance Programs: The First Right to Purchase/Tenants' Purchase Technical Assistance Programs offer financial assistance to low- and moderate-income occupants and tenant associations of rental housing in the District to purchase their homes when threatened with displacement because of a proposed sale of their buildings to a third party. The programs provide loans, grants and technical assistance to these groups to aid in the purchase of multi-family buildings.

B. Affordable Housing Production Programs

Construction Assistance Program: The Construction Assistance Program provides financial assistance to support the construction of residential, commercial, and industrial projects.

Multi-Family Housing Rehabilitation Program: The Multi-Family Housing Rehabilitation Program is a source of low-cost interim construction financing and permanent financing for the rehabilitation of residential property containing five or more units. In addition, the Apartment Improvement Program (AIP) provides technical assistance to rental housing developers to prepare comprehensive improvement plans involving owners, renters, and financial institutions in a cooperative effort to upgrade rental housing. The Distressed Property Improvement and Tax Abatement and Incentives Programs provide tax relief and other financial incentives (e.g., deferral or forgiveness of delinquent property tax liens and water/sewer fees) to occupied rental properties where owners are willing to make property repairs and retain lower income occupancy. (See §§ 804 and 805 of the Rental Housing Act of 1985.)

Affordable Housing Production Assistance Program: The Affordable Housing Production Assistance Program combines into one program all of the housing production support activities of several programs, including the Community Land Acquisition Program, Property Purchase for Rehabilitation and Housing Development Program, Low-Income Housing Tax Credit, and Real Estate Appraisal Services. This program offers important supports to developers to aid in the production of affordable housing.

- **Community Land Acquisition Program:** Provides assistance to nonprofit land trusts to acquire land and buildings for development of low- and moderate-income housing. Title to the property is retained by the nonprofit trust with provisions for permanent dedication for use as low-and moderate-income housing.
- **Property Purchase for Rehabilitation and Housing Development Program:** Provides for DHCD purchase of private property (on a voluntary basis and/or through the foreclosure process) for resale for rehabilitation and housing development. Properties acquired may be deteriorated or vacant, and may be acquired in conjunction with the District's Homesteading Program.
- **Low-Income Housing Tax Credit (LIHTC):** Provides federal income tax credits to developers of new or rehabilitated rental housing for the production of housing affordable to low- and moderate-income persons.
- **Real Estate Appraisal Services:** This activity funds appraisals, title reports, and other services related to the acquisition and disposition of real property and of other programs as needed.

Housing Finance for the Elderly, Dependent and Disabled: The Housing Finance for the Elderly, Dependent and Disabled (HoFEDD) program provides financing to private for profit and nonprofit applicants. This funding is used to develop housing, including community-based residential facilities, for households with special housing needs, including the elderly, disabled, homeless and individuals undergoing treatment for substance abuse. DHCD provides the acquisition and rehabilitation assistance in the form of deferred or amortized loans to qualified organizations for eligible activities.

Land Acquisition for Housing Development Opportunities: The Land Acquisition for Housing Development Opportunities (LAHDO) program acquires property (using primarily District capital budget funds) and provides for long-term lease-back or low cost terms to private developers that produce low- and moderate-income rental housing.

Community Housing Development Organizations: Under the federal regulations governing the District's participation in the HOME program, 15 percent of the HOME entitlement grant is set aside to fund Community Housing Development Organizations, or CHDO activities. CHDOs must be certified by DHCD to participate in the CHDO program. Investments in CHDOs under this program are for the purpose of expanding the capacities of these nonprofit organizations to develop and manage decent and affordable housing in the District.

C. Community Organization Support

Neighborhood Development Assistance Program: Through the Neighborhood Development Assistance Program (NDAP), DHCD provides project and program delivery support to nonprofit community development corporations (CDCs) and community-based organizations (CBOs) for CDBG-eligible activities.

Community-Based Organizations Neighborhood Services Program: The Community-Based Services program supports nonprofit community-based organizations (CBOs) that provide comprehensive housing counseling services to low and moderate-income individuals, including

assistance in applying for a variety of Department of Housing and Community Development programs.

Neighborhood Initiatives Support Program (NISP) Equity Grant Fund: The NISP fund was created by the City Council to make grant funds available to the Neighborhood Development Assistance Program (NDAP). The program is designed to give participating CDCs the ability to take a financial stake in strategic business and economic development projects in their service communities. Funds may be used for acquisition, equity, capital, and pre-development costs.

Special Grants Program: The Special Grants Program provides flexible funding for non-profit/community organizations for non-brick and mortar projects.

Community Activities and Services Support Program: The goals and objectives under this program support nonprofit community-based organizations that provide certain activities and services in the community, such as:

- Relocation Payments and Assistance Program: Provides relocation services to all residents and businesses that are forced to relocate as a result of public actions such as community development, public works and highway programs, code enforcement, condominium and cooperative conversions, and special projects.
- Fair Housing Program: Funds the study of fair housing and promotes fair housing activities.
- Special Disability Services: Provides special services for disabled persons, including housing locator and referral assistance.
- Public Service Activities Small Grants Program: Provides small grants (\$50,000) to support public service activities in the community.

D. Homeless Support and Prevention

The Emergency Shelter Grant (ESG) funds are awarded to the Community Partnership for the Prevention of Homelessness, the nonprofit entity responsible for day-to-day management of the District's homeless services³, to provide services and facilities within the Continuum of Care for homeless persons. These services and facilities are defined in the *"Strategic Plan for Homeless Continuum of Care Services in the District of Columbia: 2000-2004"*. This strategic plan for the homeless was developed jointly by the D. C. Department of Human Services and the Community Partnership. Services and facilities funded by ESG include prevention, street outreach and drop-in centers, renovation work at shelter sites and the provision of hypothermia hotline services during the hypothermia season of 2001-2002.

- *Prevention/Emergency Assistance Grants for Families and Adults:* In partnership with the DC Emergency Assistance Fund, a project partly funded by the city and managed by the Foundation for the National Capital region, the Community Partnership makes emergency

³ The *Strategic Plan for Homeless Continuum of Care Services in the District of Columbia: 2000-2004* is posted on the web site of The Community Partnership at <http://www.community-partnership.org/documents/strategicplan.PDF>

homeless prevention grants available for about 190 families and 90 single adults in a typical year. The funds are used to prevent the imminent eviction of families and single adults from their residences by paying for up to three months rent and/or utilities combined with case management support offered by a citywide network of community-based agencies.

- *Special Homeless Outreach and Hypothermia Hotline:* Grants are made to pay the cost of outreach staff that work with established outreach agencies and drop-in centers. These grants allow additional homeless persons on the street to benefit from outreach services. The United Planning Organization operates the year-round Shelter Hotline at 1-800-535-7252. Vans equipped with two-way radios are dispatched throughout the city on regular routes and in response to calls to the Shelter Hotline. Homeless persons desiring shelter are transported to available beds. Those persons resistant to shelter are provided food, hot drinks, and blankets and they are monitored throughout the night.
- *Rehabilitation and Renovation:* The Community Partnership uses rehabilitation funds to expand and improve emergency shelter capacity. In 2002 work concentrated on rehabilitating a facility at 317 H Street N.W. that will become a 12-bed transitional program for women to be operated by Calvary Women's Shelter. Funds also were used for essential repairs at other adult and family shelters. The Spring Road family shelter had several units renovated in 2002. ESG funds will be used to support high priority shelter needs as identified by the Mayor in the District's 10-year plan to end homelessness (see Continuum of Care appendix).

E. Economic and Commercial Development

Economic Development Program (Section 108 Loan Repayments): This program provides financial and technical assistance to new and existing businesses in economically depressed areas on a city-wide basis.

Urban Renewal and Community Development Property Management: DHCD provides property management services, rent collection, and limited maintenance for properties owned by the Department. In addition, DHCD provides oversight of the National Capitol Revitalization Corporation (NCRC) in its management of Redevelopment Land Agency (RLA) properties.

Community Development Planning Contracts and Program Development Studies: This activity provides funding for technical consultant services such as land use planning, project feasibility studies, and environmental studies.

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PART II HOUSING AND COMMUNITY DEVELOPMENT GOALS AND STRATEGIES FOR THE DISTRICT OF COLUMBIA

The Department of Housing and Community Development established its long-term goals and strategies in the *District of Columbia Consolidated Plan for Fiscal Years 2001-2005*. DHCD also sets annual goals for housing production, job creation, and other products through two documents: the *Consolidated Plan Annual Plan for FY 2002* and the Director's Performance Contract with the Mayor.

A. The FY 2001-2005 Consolidated Plan

The Consolidated Plan contains six goals, with associated strategies, for the District.

1. Providing Affordable Housing

The District has seen a rapid escalation of home sales prices and rents in the past three years. This is having an impact on the affordability of homeownership: the District's homeownership rate of 40.8 percent is 10 percentage points lower than that of other major cities in the United States. The increase in rents and sales prices also has provided an incentive for owners of federally subsidized multifamily buildings to opt-out of continuation in the subsidy programs, and to convert their units to market-rate rentals or condominiums.

In response, the District's affordable housing strategies include:

- Encouraging the expansion of homeownership in the city. A key element of this strategy is to help low-income renters become homeowners through various assistance programs.
- Preserving the affordability of the District's rental housing stock, especially in the face of the expiration of federal subsidies in multifamily rental housing.
- Providing rehabilitation financing to keep single- and multifamily affordable housing viable for residency.

The D.C. Housing Finance Agency and the D.C. Housing Authority also support DHCD in achieving the District's homeownership and housing development goals.

2. Operating the Continuum of Care

The District supports the operation of the Continuum of Care for homeless individuals and families. The District has contracted with the Community Partnership for the Prevention of Homelessness to provide services to homeless individuals and families under the Emergency Shelter Grant Program. The District's overall strategy for assisting the homeless includes:

- Implementing a management information system⁴ and requiring standardized intake and assessment to be done for all adults and families.

⁴ The target date had been set for April 1, 2000.

- Increased collaboration between the Continuum of Care and the District's mainstream agencies dealing with health, mental health, employment, corrections, housing, welfare, and family services.
- Dedicating multi-year Continuum of Care funding to support housing-based models of service delivery that will (a) increase the likelihood of dedicated mainstream public sector investments and (b) leverage additional private sector grants and loans.
- Increasing the availability and quality of case management services in all programs, thus reducing lengths of stay and increasing numbers of persons who can be served.
- Creating programs, supportive services, and financing products that will engage more community- and faith-based organizations in the provision of smaller neighborhood-friendly emergency shelter, transitional housing, and permanent supporting housing.
- Reducing dependency on large shelters and "set apart" housing for homeless persons; increasing the integration of Continuum of Care programs with mainstream community-building efforts.
- Structuring a near-term transitional period in which existing emergency shelter services remain in operation as alternative capacity is being developed.
- Linking Continuum of Care housing investments - projected at \$20 million over five years, including the Commission (now Department) on Mental Health Service's "Home First" program - to the District's economic and neighborhood development.

The strategy also includes specific interventions for adults, for youth, and for families. For adults:

- Increasing prevention services to keep adults in their housing.
- Increasing outreach services to those persons who remain in the streets.
- Replacing surplus schools as an emergency resource.
- Converting all shelters to 24-hour operation.
- Improving services at the Federal City Shelter, integrating the site with other adult services.
- Increasing affordable housing and support services for mentally ill adults.
- Creating a medical bed 24-hour emergency shelter for women.

For youth:

- Expanding capacity to serve homeless youth.
- Creating the capacity to serve homeless teens with children.

For families:

- Increasing prevention services to keep families in their housing.
- Increasing the availability and variety of emergency shelter, including new programs that will offer short stays for families in immediate need and apartments for larger families.
- Developing more options for families seeking shelter that will allow all families to be offered tangible and appropriate assistance within 30 days of initial contact, thus creating the means to reduce and perhaps eliminate the waiting list for family shelter.
- “De-coupling” the provision of housing and case management services for families to (a) attract more community-based and faith-based family services agencies; (b) obtain high quality, market rate rental housing; and (c) limit stays to 120 days of intensive services and increase the numbers of families served annually.
- Eliminating the waiting list and provide families with appropriate and immediate responses to emergency needs.

3. Expand Access to Housing Choice

Lower-income and minority households face barriers to housing choice. These barriers include discrimination in loan approval and rental access, but they also include problems such as poor credit histories and personal financial management practices that make qualifying for a loan difficult, and a lack of knowledge regarding how to become a homeowner.

The District proposed three activities to help affected households overcome these barriers. They include:

1. Provision of financial support to community-based organizations so they can provide comprehensive housing counseling services to lower-income households.
2. Provision of technical assistance to first-time homebuyers, to tenants seeking to cooperatively purchase and renovate apartments, to existing homeowners to rehabilitate their homes, and to homesteaders to purchase and rehabilitate their homes.
3. Support for neighborhood improvement efforts in areas of opportunity to achieve an overall visible impact on neighborhood conditions and livability.

The Consolidated Plan also calls for the expansion of single-room occupancy (SRO) housing, to increase the supply of affordable housing units, and the creation of better-paying jobs, which will increase job holders’ ability to pay rent in the current market.

4. Reduction of Lead-Based Paint Hazards

The Consolidated Plan describes the District’s efforts to implement the U.S. Department of Housing and Urban Development lead-safe housing regulations. The D.C. Department of Health undertakes lead hazard inspection in the city’s housing units. Key actions for DHCD in

carrying out this strategy include the establishment of lead-safe work practice requirements for contractors engaged in renovation, remodeling, painting demolition and other activities that disturb painted surfaces.

5. Implementation of an Anti-Poverty Strategy

The problem of poverty pervades the District and undermines many of the solutions that District agencies implement to relieve poor housing conditions, homelessness, unemployment, and other social concerns. Efforts that promote self-sufficiency and economic independence help lower-income families in a myriad of ways: most notably, from DHCD's perspective, they enable those families to earn more, so that they can afford more and better housing.

The D.C. Department of Human Services and the D.C. Department of Employment Services largely administer the District's anti-poverty strategy. The D.C. Housing Authority also plays a role, in administering Family Self-Sufficiency programs for public housing residents. The District's Consolidated Plan does not assign specific goals to DHCD in the execution of its anti-poverty strategy, but DHCD plays a role nonetheless, by funding construction projects that create jobs and by providing financial support to community-based organizations that provide job-readiness training.

6. Fair Housing Promotion

The Consolidated Plan for FY 2001-2005 does not set long-term goals for fair housing promotion. It notes that during FY 2000, DHCD entered into an agreement with the Fair Housing Council (FHC) of Greater Washington, Inc. to provide certain services to the District in analyzing and reducing impediments to fair housing. FHC's Analysis of Impediments (AI) is included in the Fiscal Year 2003 Consolidated Plan Action Plan, available from DHCD. A new AI will be prepared in 2004.

Informally, DHCD has as its goals to promote fair housing through education and outreach with the underserved populations and linguistically-isolated populations (i.e., Latino and Asian, disabled and elderly); to inform and educate DHCD's program and project subrecipients on their fair housing and equal opportunity responsibilities.

B. Short-Term Goals: the Consolidated Plan FY 2002 Action Plan and the Director's Performance Contract

The District's FY 2002 Action Plan for its Consolidated Plan established specific goals for the Department to achieve with its FY 2002 CDBG, HOME, ESG and HOPWA allocations.

The goals included considering 14 projects for a total of \$15.4 million in funding, and also included proposed performance measures for the Department's FY 2002 CDBG, HOME and ESG funding. Moreover, each District Government agency is required to set annual performance goals under the system of performance contracts that each agency director has signed with the Mayor. Executive Staff in the Office of the Mayor determined DHCD's goals with DHCD's Director based upon budget projections and Administration priorities.

Thus, there are two sets of FY 2002 performance goals that DHCD follows - one for the Consolidated Plan Action Plan and one for the Mayor. For ease of comparison, they are arrayed in Table 2 below according to the program area under which they fall.

Table 2: Proposed FY 2002 Accomplishments

Goal/Action	Federal Funds Source: Consolidated Plan FY 2002 Action Plan	All Funds Source: Director's Performance Contract
1. Homebuyer Assistance and Housing Recycling and Preservation		
Home Purchase Assistance Program (HPAP) loans to first-time homeowners	153	536
Home Ownership Developers' Incentive Fund grants	27	N/A
Homestead Housing Preservation Program contracts	2	0 ⁵
Single-Family Residential Rehabilitation Program loans	63	55
Neighborhood Development Assistance Program (NDAP) funded Community-Based organization Demonstration Program: Number of single-family homes rehabilitated in 2 demonstration neighborhoods	N/A	20
DC Housing Finance Agency homeowner loans supported through HOME funds	N/A	30
Tenant conversions of housing from rental to ownership. (# units assisted)	N/A	200
Housing Counseling Services to support tenants, housing conversions and home ownership loan programs. (# persons counseled)	N/A	6,000
2. Affordable Housing Production		
Construction Assistance Program-assisted projects	7	408 (units)
Multifamily Housing Rehabilitation Program	65	1,054
Affordable Housing Production Assistance Program - support actions completed	365	N/A
Housing Finance for the Elderly, Dependent and Disabled - assisted units	18	N/A
Community Housing Development Organization - assisted units	42	N/A
Sale of District-owned properties for redevelopment. (# transactions; LDA, ERA, & RFP)	N/A	3
3. Community Organization Support		
Neighborhood Development Assistance Program - organizations funded	11	N/A

⁵ Revised to zero in reflection of the HomeAgain initiative. The Homestead Housing Preservation Program, DHCD's second home ownership program, made no loans in FY 2002. Instead, DHCD's Homestead portfolio was transferred to the Office of Deputy Mayor for Planning and Economic Development to support its "Home Again" initiative, under which abandoned homes are sold to developers for rehabilitation to benefit families at various income levels.

Goal/Action	Federal Funds Source: Consolidated Plan FY 2002 Action Plan	All Funds Source: Director's Performance Contract
Community Based Organizations Neighborhood Services Program - organizations funded	4	N/A
Neighborhood Initiatives Support Program - commercial square feet acquired	100,000	N/A
Special Grants Program - projects funded	5	N/A
Community Activities and Services Support Program - support actions completed	5	N/A
Neighborhood-supporting community and commercial facilities and activities (# funded)	N/A	4
Job creation and retention. (# temporary and permanent jobs)	N/A	3,480
Job Training and Support through Neighborhood Development Assistance Program (NDAP) -funded community-based programs	N/A	275
Technical support for neighborhood businesses through Neighborhood Development Assistance Program (NDAP)-funded, community-based programs	N/A	375
4. Homeless Support and Prevention		
ESG-funded Emergency Assistance Grants - persons assisted	450	N/A
ESG-funded Special Homeless Outreach & Hypothermia Hotline - persons assisted	700	700
ESG-funded Rehabilitation/Renovation - shelter beds assisted	60	25-40
Eviction-Prevention Grants provided	N/A	90
5. Economic and Commercial Development		
Economic Development Program - Section 108 loans paid	1	N/A
Urban Renewal and Community Development Property Management - properties managed	95	N/A
Community Development Planning Contracts and Studies	2	N/A

Proposed projects included:

CDBG Projects

Syphax School (Homeownership)\$ 822,000
 Fort Dupont WIN (Homeownership) 250,000
 Deanwood Library..... 3,300,000
 Arthur Fleming Center 180,000
 ARC Community Facility 2,500,000
 Food and Friends Community Facility 1,500,000
 Lead Based Paint Abatement Program 500,000
 Training/Education OIC Youth Training Program 200,000
 Renovation and Expansion of Recreation Centers 1,000,000

Policing/Education Initiative	1,500,000
Minnesota/Benning Commercial Revitalization	300,000
H Street Corridor Commercial Revitalization	<u>200,000</u>
TOTAL	\$12,252,000

HOME Projects

1611 Park Road.....	\$ 700,000
Safe Haven	<u>2,500,000</u>
TOTAL \$3,200,000	

Last, DHCD proposed additional measures in the Director's Performance Contract with the Mayor. Central to the CAPER is the following measure: Increase leverage ratio of private to public dollars in Development Finance Division projects to 5:1.

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PART III FISCAL YEAR 2002 RESOURCES

To carry out its mission, goals and programs, DHCD relies primarily on federal funding. Funds from the U.S. Department of Housing and Urban Development typically comprise three-quarters of the Department's budget, with the remainder coming from local appropriated funds and loan repayments. DHCD also has access to other financing sources, such as Low Income Housing Tax Credits and local Capital Improvement Fund dollars that are not recorded on its budget.

A Federal and Local Public Funding

1. Grants and Appropriations

During FY 2002, the District of Columbia received a total of \$41,539,000 in entitlement grants from the U.S. Department of Housing and Urban Development (HUD), broken out as follows:

- Community Development Block Grant \$24,334,000
- HOME Investment Partnerships Program 7,654,000
- Emergency Shelter Grant 830,000
- Housing Opportunities for Persons with AIDS (HOPWA) 8,721,000

In addition to the entitlement funds received during FY 2002, the District had additional federal funds:

- Community Development Block Grant program income..... \$20,032,099
- Community Development Block Grant previous year carry over 25,272,868
- HOME Investment Partnerships Program program income..... 400,000
- HOME Investment Partnerships Program previous year carry over..... 6,670,440
- Emergency Shelter Grant previous year carry over..... 1,626,260

Finally, DHCD received \$6,499,147 in local appropriations and \$8,006,274 in other program repayments.⁶ Removing funds for the HOPWA program - which is administered separately and discussed in Part VIII⁷ - there was a total of \$57,031,255 budgeted for FY 2002 without the carryover, and a total of \$101,682,923 available funds in FY 2002. See Table 3 and also the footnote below⁸ for an explanation of carryover funds.

⁶ DHCD also held a balance of \$22,549,183 in the local Housing Production Trust Fund but did not have authority from the Council of the District of Columbia to spend these funds.

⁷ HUD allocates the Housing Opportunities for Persons with AIDS (HOPWA) program funds to District of Columbia, Suburban Maryland, Northern Virginia, and West Virginia region; the District's share of this regional allocation was \$3,668,092 and was administered through the HIV/AIDS Administration, D.C. Department of Health.

⁸ Carryover funds represent funding that was not obligated or committed in prior years, as well as funds that were committed in a previous year, but which the project sponsor has not yet drawn from the Department. If a non-profit housing developer spends \$2,000,000 of a \$3,000,000 grant in FY 2001, the remaining \$1,000,000 is carried over (but not budgeted) into FY 2002 as available funding. It is available to be spent, but not to be awarded.

Table 3: Available FY 2002 Funding

Program	FY 2002 Funds	Program Income	Subtotal - FY 2002 Budgeted Funds	Unanticipated Income	Prior Year Carryover Funds	Total Funds Available in FY 2002
CDBG	\$ 24,334,000	\$ 8,950,000	\$ 33,284,000	\$ 11,082,100	\$ 25,272,868	\$ 69,638,968
HOME	7,654,000	400,000	8,054,000	-	6,670,440	14,724,440
ESG	830,000	-	830,000	-	1,626,260	2,456,260
Local / Other	14,863,255	-	14,863,255	-	-	14,863,255
Total	\$ 47,681,255	\$ 9,350,000	\$ 57,031,255	\$ 11,082,100	\$ 33,569,568	\$ 101,682,923

2. FY 2002 Budget Allocations

In FY 2002, DHCD allocated the budgeted funding shown in the highlighted column of Table 3 above among its programs as shown in the following tables:

Table 4: FY 2002 CDBG Program (CD-27) Budget

1. Homebuyer Assistance and Housing Recycling and Preservation	
- Home Purchase Assistance Program	960,190
- Homeownership Developers' Incentive Fund	197,000
- Homestead Housing Preservation Program	628,171
- Single-Family Residential Rehabilitation Program	1,186,762
- Tenants Apartment Purchase Program	0
Subtotal	\$ 2,972,123
2. Affordable Housing Production	
- Construction Assistance Program	10,304,600
- Multi-Family Housing Rehabilitation Program	1,097,591
- Affordable Housing Production Assistance Program	400,000
Subtotal	\$ 11,802,191
3. Community Organization Support	
- Neighborhood Development Assistance Program (NDAP)	4,764,735
- Community-Based Organizations Neighborhood Services Program	1,340,000
- Neighborhood Initiatives Support Program (NISIP)	1,000,000
- Special Grants Program	3,200,000
- Community Activities and Services Support Program	140,000
Subtotal	\$ 10,444,735
4. Economic and Commercial Development	
- Economic Development Program	500,000
- Urban Renewal and Community Development Property Management	808,215
- Community Development Planning Contracts and Studies	100,000
Subtotal	\$ 1,408,215

General Administration and Overhead	6,656,816
Total	\$ 33,284,080

Table 5: FY 2002 HOME Program Budget

1. Homebuyer Assistance and Housing Recycling and Preservation	
- Home Purchase Assistance Program	1,876,500
- Single-Family Residential Rehabilitation Program	524,000
Subtotal	\$ 2,400,500
2. Affordable Housing Production	
- Construction Assistance Program	2,500,000
- Multi-Family Housing Rehabilitation Program	700,000
- Community Housing Development Organization set-aside	1,148,100
- Housing for Elderly, Disabled and Dependent (HoFEDD)	500,000
Subtotal	\$ 4,848,100
3. Program Monitoring and Administration	805,400
Total	\$ 8,054,000

Table 6: FY 2002 Emergency Shelter Grant Program Budget

1. Homeless Support and Prevention	
- Emergency Shelter Grant Program	788,650
Program Administration and Monitoring	41,350
Total	\$ 830,000

Table 7: FY 2002 Local / Other Funds Budget

1. Homebuyer Assistance and Housing Recycling and Preservation	
- Home Purchase Assistance Program	8,746,274
- Homestead Housing Preservation Program	1,119,743
- Single Family Residential Rehabilitation Program	1,142,000
- Land Disposition	750,000
Subtotal	\$ 11,758,017
2. Affordable Housing Production	
- Multi-Family Housing Rehabilitation Program	800,000
- Land Acquisition for Housing Development Organizations	416,000
Subtotal	\$ 1,216,000
3. Economic and Commercial Development	
- Economic Development Marketing Plan	440,169
4. General Administration and Overhead	1,051,714
Total	\$ 14,465,900

B. Leveraged Funds

Home Ownership: DHCD provided more than \$6.1 million in direct loans of federal and local funds through the Home Purchase Assistance Program (HPAP), to support homeownership opportunities for low- and moderate-income residents.⁹ The HPAP borrowers in turn leveraged \$42.8 million in private financing - a private:public ratio of 7.0:1.

Development Finance: The grant award criteria of the District's housing and community development programs require the maximum use of private financial resources. Public funds are used to "close the gap" in providing the financing needed for selected projects. Therefore, the District's housing production programs are expected to leverage a significant level of private funds. At the same time, however, DHCD recognizes that - with the District's high real estate costs - projects that serve lower income households will require higher levels of subsidy. In FY 2002, the Development Finance Division leveraged approximately \$3.60 for every dollar of HOME or CDBG.

In total, DHCD leveraged \$3.84 for every dollar of HOME and CDBG spent on housing, commercial facilities and community facilities.

⁹ DHCD also provided \$3.0 million in FY 2001 HOME funds to the D.C. Housing Finance Agency (DCHFA) to write down the interest rate on mortgages to income-eligible first-time homebuyers. These funds leverage private dollars through the bond market for single-family mortgages. DCHFA made 30 mortgage loans using HOME-supported bond proceeds in FY 2002 using FY 2001 funds.

PART IV ACCOMPLISHMENTS AND ASSESSMENT OF THE FY 2002 PERFORMANCE

A FY 2002 Investments

1. Homebuyer Assistance and Housing Recycling and Preservation

During FY 2002, DHCD assisted in the creation of 427 first-time homeowners. (See Table 8) DHCD expended a total of \$2.6 million from the CDBG and HOME programs, supplemented by the expenditure of \$3.4 million in local appropriated funds for home ownership activities. These funds leveraged approximately \$43.0 million in private sector dollars - a private:public ratio of 7.0:1.

The Homestead Housing Preservation Program did not operate a lottery in FY 2002. Instead, DHCD turned its portfolio of Homestead properties over to the Office of the Deputy Mayor for Planning and Economic Development to support the Administration's "Home Again" initiative. This initiative packages vacant structures so that developers can bid on them

In addition, DHCD helped another 22 families rehabilitate their homes - 4 through the Single Family Residential Rehabilitation Program and 18 through the Neighborhood Development Assistance Program Single Family Rehabilitation Demonstration Program.

Table 8: Homeownership and Home Rehabilitation Financing, FY 2002

Program	Units	CDBG Funding	HOME Funding	Other / Local Funding	Private Funding
Home Purchase Assistance Program	397	\$ 2,013,409	\$ 668,188	Appropriated \$ 1,672,257 HPAP Repay \$ 1,766,182	\$ 42,841,772
Homestead Housing Preservation Program	0	0	0	0	0
D.C. HFA Loans	30	0	0 ¹⁰	0	0
Subtotal	427				
Single Family Rehabilitation	22	598,781	0	0	188,435
Total	449	\$ 2,612,190	\$ 668,188	\$ 3,438,439	\$ 43,030,507

Assessment: DHCD's activities substantially met the goals and strategies of its five-year plan. It promoted homeownership, both through the provision of HPAP loans and through its assistance with DCHFA loans, and also through its tenant conversion process (see below). The Department did not achieve its target for first-time homeowner loans or single-family rehabilitation loans, however, because of dramatic price inflation in the D.C. housing market.

¹⁰ The D.C. HFA used \$1.6 million of FY 2001 funds from DHCD in FY 2002.

Even though DHCD received a substantially higher number of HPAP applications in FY 2002 over FY 2001, the inventory of homes available to income-eligible first-time homebuyers, even with HPAP assistance, has been severely limited. In response, the Department will consider new subsidy levels to bring program assistance into line with the higher cost of housing.

DHCD faced a similar challenge in meeting its Single Family Rehabilitation goal, in that qualified clients encountered a shortage of certified contractors to perform the rehab work. It is a prerequisite of the program that, for the loan to be closed, the homeowner must have the contractor's bid in place; however, in D.C.'s hyper-active housing market, most contractors have a volume of jobs already, and show relatively little interest in doing smaller home rehabilitation jobs. DHCD was further challenged by its own backlog of single family rehabilitation cases that required reviews for compliance with the new Lead-Safe Housing Rule. DHCD has cleared this backlog and is working now to redesign its program procedures to make it easier for applicants to close their loans.

2. Affordable Housing Production

DHCD provided CDBG and HOME funding to support the acquisition, construction and/or rehabilitation of 1,076 rental and owner-occupied housing units. DHCD also provided other types of funding (Low Income Housing Tax Credits, Housing Production Trust Fund) to support the development of another 336 multi-family units and the disposition of 320 units. In total, DHCD assisted 1,732 units. See Table 9.

In addition, DHCD financed three commercial acquisitions and the redevelopment of 16 commercial and community facilities during FY 2002. The Department also financed two technical assistance projects and an infrastructure project. In total, DHCD provided \$44.9 million in loans and grants to supplement \$161.8 million in private and other financing, for an overall leveraging ratio of 3.60:1 and a residential development leveraging ratio of 3.20:1. A full list of funded projects is shown in Appendix A.

Table 9: Housing Units Created/Rehabilitated, FY 2002

Program	Units	CDBG Funding	HOME Funding	Other / Local Funding	Private Funding
Multi-Family New Construction	164	\$ 7,850,000	\$ 950,000	\$ 0	\$ 18,685,318
Multi-Family Rehabilitation ¹¹	1,392	13,315,337	3,185,000	3,180,000	103,795,126
Single Family New Construction	2 ¹²	4,288,835	0	0	10,992,444
Tenant Purchase ¹³	242	1,325,000	0	0	35,000 ¹⁴
Total	1,732	\$ 26,879,172	\$ 4,135,000	\$ 3,180,000	\$ 133,507,888

¹¹ With or without acquisition.

¹² Funding for this category includes dollars spent in FY 2002 for 147 units counted in FY 2001.

¹³ Acquisition, or acquisition and rehabilitation.

¹⁴ Records are incomplete.

Assessment: DHCD met the goals of its five-year strategic plan, by supporting the rehabilitation and preservation of its affordable housing stock. DHCD closed far more than the seven Construction Assistance Programs it proposed in the FY 2002 Consolidated Plan Action Plan and it far exceeded the number of multi-family units rehabilitated. The Department did not achieve its new construction goal, because the lack of developable parcels in the District makes new construction opportunities rare. Nonetheless, with its financing of 1,879 affordable housing units, the Department has made a strong and positive contribution to the provision of affordable housing opportunities in the District of Columbia. Its support of tenant purchase of buildings, whereby tenants become homeowners, is particularly notable. DHCD exceeded its goal of 200 by financing 242 tenant purchases.

3. Community Organization Support

During FY 2002, DHCD provided funding to 12 Community Development Corporations under its Neighborhood Development Assistance Program (NDAP) and to four (4) Community-Based Organizations through the Community Based Services Program. These organizations' work programs are shown below in Table 10. Specific performance measures are listed in Appendix B.

Table 10: CDC/CBO Work Programs, FY 2002

CDC/CBO	Project Name	Funds
Anacostia Economic Development Corporation (Ward 6)	Commercial District and Small Business Technical Assistance	\$ 83,054
	Façade Improvement and Infrastructure	294,290
	Youth Initiatives	48,073
Central American Resource Center (Ward 1)	Tenant/Housing Counseling	\$ 101,669
Cultural Development Corporation (Wards 2, 6)	Commercial District and Small Business Technical Assistance	\$ 30,000
Development Corporation of Columbia Heights (Ward 1)	Commercial District and Small Business Technical Assistance	\$ 255,240
	Job Training/Employment	189,060
East of the River Community Development Corporation (Ward 8)	Commercial District and Small Business Technical Assistance	\$ 142,800
	Façade Improvement and Infrastructure	43,200
	Youth Initiatives	84,000
H Street Community Development Corporation (Ward 2, 6)	Façade Improvement and Infrastructure	\$ 576,000
Home Free USA (Ward 5, 8)	Single Family Rehabilitation Demonstration	\$ 1,398,776
Inner Thoughts, Inc. (Ward 8)	Job Training	\$ 199,430
Just U Wait N See, Inc. (Ward 8)	Tenant/Housing Counseling	\$ 100,000
	Job Training/Employment	200,000

CDC/CBO	Project Name	Funds
Marshall Heights Community Development Organization (Ward 7)	Commercial District and Small Business Technical Assistance	\$ 69,197
	Façade Improvement and Infrastructure	720,000
	Tenant/Housing Counseling	28,282
North Capitol Neighborhood Development, Inc. (Ward 1, 2)	Commercial District and Small Business Technical Assistance	\$ 114,038
	Façade Improvement and Infrastructure	745,969
	Youth Initiatives	49,008
Wheeler Creek Estates Community Development Corporation (Ward 8)	Commercial District and Small Business Technical Assistance	\$ 820,000
TOTAL		\$ 5,597,787

One aspect of CDC work is to sponsor business façade redevelopment projects with local merchants. Six projects began during FY 2002:

1. 400-1300 H Street, NE - 40 façades, sponsored by the H Street CDC
2. East River Park/Metro Stop & Shop - 50 façades, sponsored by the Marshall Heights Community Development Organization
3. Bloomingdale - 21 façades, sponsored by North Capitol Neighborhood Development
4. 3023-3027 MLK, Jr. Ave, SE - 3 façades, sponsored by East of the River CDC
5. 1800-2200 MLK/1100-1700 Good Hope Road - 21 façades, sponsored by Anacostia Economic Development Corporation
6. 9th Street, NW (T & U) - 17 façades, sponsored by North Capitol Neighborhood Development

DHCD established goals of creating and retaining 3,480 jobs through its Affordable Housing Program (above) and providing 275 job training opportunities through NDAP. It also set a goal of providing technical support to 375 businesses through NDAP. Finally, DHCD set a goal of providing housing counseling to 6,000 persons, and also to providing purchase assistance to another 200 households through its Tenant Purchase Technical Assistance Program (TPTAP), which helps tenant associations purchase their rental buildings and convert them to condominiums or cooperative apartments. TPTAP is administered by the Development Finance Division. The results of DHCD's FY 2002 activities in these areas are shown in Table 11.

Table 11: Job Creation, Business Counseling and Housing Counseling Expenditure, FY 2002

Program	Units	CDBG Funding	HOME Funding	Other / Local Funding	Private Funding
DFD Job Creation/ Retention ¹⁵	2,810	\$ 26,879,172	\$ 4,135,000	\$ 3,180,000	\$ 133,531,609
NDAP Job Creation/ Retention ¹⁶	446	588,490 ¹⁷	0	0	0
NDAP Business Counseling	916	820,000 ¹⁷	0	0	0
CBO Housing Counseling	6,228	229,981 ¹⁷	0	0	0
TPTAP Housing Counseling	6,860	300,000	0	0	0

Assessment: DHCD far surpassed its housing counseling targets and small business counseling targets, but fell short in job creation through both Development Finance projects and through NDAP. Many of the Development Finance projects financed in FY 2002 operated in the pre-development and acquisition phases of the project life cycle, and so did not result in the construction jobs represented by the 3,480 total. Moreover, with the restructuring of NDAP, the community development corporations have changed their focus from construction projects to community service projects, so again their activities did not result in the expected number of jobs. Nonetheless, DHCD believes that the projects funded through Development Finance, NDAP, and CBSP did result in high value added to the community, as shown by the achievement of counseling goals and related high number of tenant purchase conversions.

4. Homeless Support and Prevention

The Emergency Shelter Grant (ESG) program supports the District's homeless Continuum of Care and the relevant objectives of the Consolidated Plan. ESG funds are provided via a subgrant agreement to the Community Partnership for the Prevention of Homelessness. The District of Columbia's Continuum of Care concept, mission, and ongoing planning process are discussed in detail in Appendix C.

4.1. Discussion

The following is an excerpt from the text provided by the Community Partnership for the Prevention of Homelessness. Please see Appendix C for the full text.

Census 2000 revealed that there are about 109,500 persons living in poverty in the District of Columbia.¹⁸ Homeless people come out of this community of poor persons. To respond to the

¹⁵ Through construction projects.

¹⁶ Three CDCs - Development Corporation of Columbia Heights, Just You Wait 'N See, Inc., and Inner Thoughts, Inc. - provide a wide range of employment counseling/job placement services to citizens based in its target areas or who desire employment in the target area. This assistance may include, but is not limited to employment training, job counseling, and job placement.

¹⁷ Budgeted.

¹⁸ "2000 Census Numbers Reveal Higher Poverty Numbers in the District and by Ward and Neighborhood Cluster," DC Agenda, October 2002. http://www.dcagenda.org/pages/pdf/m_dc_agenda_poverty.pdf

housing crises and other needs of the extremely poor, the District government and private providers have built one of the largest homeless shelter and service systems in the nation.¹⁹

Taking into account emergency shelters, transitional housing and the stock of permanent supportive housing for persons with disabilities, the District's homeless Continuum of Care - public and private - has about 8,500 beds for men, women, youth and persons in families. There are others that do not have a roof at all - about 350 adults living in the streets and an estimated 925 persons in families living in precarious and unstable housing every day. Thus an estimated total of 9,775 are either homeless without a roof over their heads, homeless under a roof they may lose any day, or living under a roof supplied by the Continuum of Care. The 9,775 are 8.9% of people living in poverty, which means that slightly more than 1-in-11 of the District's poor people is either literally homeless or residing in the homeless system every day.²⁰

Many more poor people are using homeless services at some time over the course of a year. The Community Partnership receives reports from programs that represent about 63% of the total Continuum of Care bed capacity and recorded the following use of emergency shelter, transitional housing or permanent supportive housing in FY 2001.

- 8,574 Men
- 2,736 Women
- 23 Unaccompanied youth²¹
- 3,651 People in homeless families (1,133 families), including
- 2,351 Children

The numbers total to 14,984.²² However, the number is inflated due to duplicate counting of persons that use several shelters or use different levels of the Continuum of Care over the year. When the emergency shelter count is "unduplicated" (i.e., corrected to take out duplicates) The Community Partnership estimates that the programs it monitored in FY 2001 served 13,480 persons. Moreover, if at least one person (it was likely more) used one of 2,870 beds in private programs that do not report to The Community Partnership in 2001, the estimate of persons who were homeless at some time last year rises to 16,350. This figure represents 15% of all poor people in the city. *Put another way, this means that more than 1-in-7 of all poor people in the District experienced being homeless for some period of time in 2001.* For most it was a brief period, but for about 12% of the population (about 2,000 persons) homelessness is a chronic condition.

A Continuum of Better Services and Focus on Long-Term Outcomes: The publicly funded homeless system has changed significantly since FY 1995. Through a combination of increasing and re-allocating District funds over that time, as well as adding substantial new federal funds won through national competitions, the system is both larger and more

¹⁹ See *Evaluation of Continuums of Care for Homeless People, Final Report*, U.S. Department of Housing and Urban Development, May 2002, p. 36.

²⁰ See The Community Partnership "Facts on Homelessness" at http://www.community-partnership.org/documents/Homeless_Facts-2002.pdf

²¹ This figure does not represent all homeless youth, only those from one emergency shelter program (Sasha Bruce Youthworks) reporting to The Community Partnership.

²² "Children" are counted within "homeless families."

balanced between emergency care and programs that provide longer-term assistance through transitional and permanent supportive housing.

Emergency 12- and 24-hour shelter for adults, youth and families has been reduced by about 5% (from 3,089 to 2,946 beds), and now represents 48% of the system, with new transitional and permanent housing beds added that now make up 52% of the system.

In addition to changing the kinds of facilities it offers and offering deeper services to help homeless people achieve independent or self-directed living, the Continuum of Care operating in FY 2002 is larger by 58% in beds and units capacity when compared to beds and units available in FY1995. Reflecting the increased demand by homeless families, the growth has been concentrated in programs that serve families. See Table 12.

Table 12: Changes in the Number and Percentage Distribution of Beds

	<u>FY1995</u>		<u>FY 2002</u>			
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>		
Emergency 12-24 shelter (beds)	3,089	80%	2,946	48%		
Transitional Shelters & Housing (beds)	600	15%	1,548	25%		
Permanent Supportive Housing (beds)	195	5%	1,654	27%		
Totals	3,884		6,148			
Emergency 12-hr overnight shelter (beds)	1,169		731			
as percent of total	30%		12%			
COMPARISON OF UNITS & BEDS SUPPORTED BY PUBLIC FUNDS/ DC, HUD & HHS						
	<u>FY1995</u>			<u>FY 2002</u>		
	Adults & Youth	Families	Total	Adults & Youth	Families	Total
Beds	3,115	769	3,884	3,528	2,620	6,148
Units		233			794	
GROWTH IN PUBLICLY-FUNDED CONTINUUM OF CARE SINCE FY1995						
				<u>n</u>		<u>%</u>
Growth in adults & youth (beds)				413		13%
Growth in family units				561		241%
Growth overall in public Continuum of Care (beds)				2,264		58%

Managing an Increasing Number of Families Seeking Shelter and/or Services: Over the course of FY 2000 and FY 2001 the District and Community Partnership made significant changes in family central intake and in the family shelter system. Central intake added more intake workers and case managers. It also began offering a variety of options for families, including immediate access to emergency shelter for those who needed it, hotel vouchers, direct placement in community-based housing with case management support, emergency cash assistance for rent and utilities to prevent homelessness, housing counseling, employment services and substance abuse counseling. At the same time the decision was made to keep

the 50-unit DC Village family shelter open year-round instead of just the winter season in order to provide immediate access to shelter for families without any place to live.

As a result of these changes, The Community Partnership believes that it is measuring better than ever the level of need that exists for poor families experiencing housing, financial and various sorts of personal crises - to the point that they come seeking shelter and other services that are available from the homeless system.

The trend in families seeking shelter and other services at central intake over the past two years has risen sharply from 962 families in 1999 to 2,278 in 2001 (an increase of 137%). With respect to how the District and Community Partnership have responded to families, the strategy has involved the creation of more programs to meet long-term needs and a build-up of units to respond to emergency needs. Since 1995 (as the table shows) the District has developed 714% more transitional and permanent housing units for families as it also increased family emergency shelter units by 91%.²³ See Table 13.

Table 13: Family Continuum of Care Changes, 1995-2002

	FY 1995	FY 2002	% Change
Emergency shelter and housing (units)	177	338	+ 91%
Transitional and permanent housing (units)	56	456	+ 714%

On a daily basis about 32% of *all publicly funded beds* are occupied by families and unaccompanied youth, and the other 68% are occupied by adults.²⁴ About 39% of *all funds* (local and federal) support programs for families and youth. When considering District DHS funds separately from DMH and federal funds, about 47% of the DHS budget goes to support families and youth. See Table 14.

Table 14: Percent of FY 2002 Community Partnership Budget for Families and Youth

Total family & youth spending (DHS, DMH & federal contracts) =	\$12,462,658
As percent of total budget (DHS, DMH & federal contracts) =	39%
Total family & youth spending (DHS funds only) =	\$8,353,000
As percent of DHS budget =	47%

²³ One might ask why number of families served in 2001 is up by 33% over 1996 while the number of family units in 2002 is up by 241% since 1996. There are two reasons for this: 1) the 241% increase includes new units coming on line in FY 2002 that reported no numbers served for the past year; and 2) turnover is much less in transitional programs (most of which allow two years), and is very little at all in permanent supportive housing. Thus there is not a 1:1 ratio of new units brought on line to the numbers of families served.

²⁴ The 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC), by the federal Interagency Council on the Homeless, showed 34% of homeless service users as members of homeless families. The 32% figure reported here is within the *public* system. On a citywide basis the percentage of families would be higher since the privately funded inventory includes at least another 126 transitional housing units for families; thus the percent of persons in families would exceed the national average reported by the NSHAPC study.

Moving Toward the End of Homelessness in the District

The District has accomplished a great deal in building a public and private Continuum of Care. According to a HUD study released in May 2002, the District had the highest number of beds per 10,000 persons in poverty of the 25 cities and counties that the study covered, higher than comparable metropolitan areas like Boston and San Francisco.²⁵ However, the District does not consider the perpetuation of a homeless system, however large, to be the proper strategy.

Instead the District has taken steps toward designing a 10-year plan to end homelessness. Long term objectives are to create 3,000 units of affordable housing for adults, many of whom are chronically homeless persons with disabilities, and 3,000 units for families with special needs. The details and projected timeline of the emerging 10-year plan to end homelessness can be found in Appendix C of this CAPER.

4.2. FY 2002 Accomplishments

In FY 2002, using ESG funds from FY 1999, the Community Partnership paid for the following activities.

- **Prevention/Emergency Assistance Grants for 195 Families and 99 Adults** **\$ 248,100**

The D.C. Emergency Assistance Fund (DC/EAF) is a public/private prevention effort initiated and led by the business community, including MCI Center owner Abe Pollin, Mayor Anthony Williams, the Fannie Mae Foundation and the Community Foundation, all working with 8-10 Local Recipient Organizations throughout all wards of the city that are part of the local FEMA Board's network of providers. Through this vehicle the Partnership provided rent and utility payments that provided up to three months financial support, combined with case management, to prevent the homelessness of 391 families and 182 adults.

- **Essential Services/Outreach and Shelter Hotline** **\$ 248,100**

Grants were made for the cost of outreach staff that work in the following 5 outreach centers. These grants provided outreach services to more than 700 homeless persons:

- | | |
|--|-----------|
| a) Georgetown Ministries (Ward 2 & 3)
1041 Wisconsin Avenue, NW | \$ 30,000 |
| b) Rachael's Women's Center (Ward 2)
1222 - 11th Street NW | \$ 30,000 |
| c) Neighbor's Consejo (Ward 1)
1624 Lamont Street, NW | \$ 18,200 |

²⁵ p.36, Evaluation of Continuums of Care for Homeless People, Final Report, U.S. Department of Housing and Urban Development, May 2002.

- | | |
|---|-----------|
| d) DC Central Kitchen and Clean & Sober Streets
"First Helping" Program (Wards 5 & 8)
425 Second Street, NW | \$ 36,600 |
| e) Community Council for the Homeless at
Friendship Place (Ward 3)
4713 Wisconsin Ave., N.W. | \$ 15,500 |

In addition, a grant of \$117,800 went toward the Shelter Hotline Services, a 24-hour, year-round outreach service, provided by the United Planning Organization. Vans equipped with two-way radios are dispatched on regular routes throughout the city and in response to calls to the Shelter Hotline. Homeless persons desiring shelter are transported to available beds. Those resistant to shelter are supplied with food, hot drinks and blankets, and are monitored throughout the night in cold weather.

• **Renovation and Rehabilitation** **\$ 289,450**

\$158,460 of these funds were used to rehabilitate one building at 317 H Street, NW, that will provide 12 beds of 24-hour emergency shelter for women, and \$38,000 was used to make necessary repairs at the Spring Road Family Emergency Shelter.

In addition, \$97,990 of renovation funds were reprogrammed to pay for shelter operations costs at the 45-unit Park Road Family Shelter.

• **Staff, Operating Costs and Administration** **\$ 41,350**

Funds covered a portion of administrative costs (\$20,675) for The Community Partnership's staff involved in the ESG program, and fiscal monitoring of ESG-funded activities. DHCD retained \$20,675 of the grant for its monitoring and administration of the ESG program.

Homeless Mentally Ill Housing Program: The Department of Mental Health (DMH), working with nonprofit partners Cornerstone, Inc., and Four Walls Development Corporation, provides assistance to nonprofit groups to acquire and develop housing for chronically mentally ill persons. Assistance is often provided in combination with DHCD's HoFEDD program and federal McKinney Act assistance. In the past year DMH has produced 330 units of its 850-units housing goal for severely mentally ill persons by FY03. DMH has \$15 million in capital funds committed to continue this work and expects that 200-250 of the 850 units will go to homeless clients, and all units will help with preventing homelessness among poor and mentally ill persons.

Progress against five-year goals: See Appendix C.

Progress against FY 2002 goals: The Community Partnership estimated it would provide 90 eviction prevention grants; provide outreach to 700 individuals; and rehabilitation between 25 and 40 shelter beds. The Partnership has reported the following accomplishments to DHCD for FY 2002:

- Eviction prevention grants - 205 families, 134 single adults
- Outreach to individuals - 2,224 persons on the street

- Transportation to shelter - 8,095 persons transported, although this includes duplicate counts
- Beds rehabilitated - 52 (317 H Street shelter and Spring Road Family Shelter)

Assessment: The District has made some strides toward meeting its five-year goals and has exceeded its one-year goals. As shown above, the number of beds has increased. The Department of Human Services has committed capital funds for the Continuum of Care, and the Department of Mental Health has produced 330 housing units to prevent homelessness among seriously mentally ill persons. A new 24-hour women's facility is planned for construction in FY 2004. In the past two years, the District has provided more than \$1.2 million in HOME and CDBG for housing facilities for the homeless, and the D.C. Housing Authority has provided vouchers to 1,000 families and placed 60 families in public housing. See Appendix C for more detail.

5. Economic and Commercial Development

The District adopted a strategy to create job and business opportunities for District residents as part of its effort to create and maintain healthy and viable neighborhoods. This has several benefits, including a stronger tax base, more stable neighborhoods and more income to afford increasing housing costs. An important vehicle for achieving this strategy is the operation of a CDBG-funded microloan program through the H Street Community Development Program. Details on the FY 2002 activity are shown below:

- | | |
|--|----------|
| • Jordan Springs
This is a distributor of bottled spring water; loan made for inventory | \$25,000 |
| • Capitol Hill Veterinary Clinic
Loan made for salaries | \$25,000 |
| • Discount Wigs and Beauty Supply
Loan made for inventory and working capital | \$25,000 |
| • Al's Carryout
Loan made to purchase beverage coolers and roof repair | \$10,000 |
| • Petal Ribbons and Beyond (Flower Shop)
Loan made for supplies and equipment | \$24,800 |

DHCD also promotes economic development by contributing to infrastructure projects. These include the façade development projects described under "Community Organization Support" and the provision of funds to the D.C. Department of Transportation for streetscape improvements. In FY 2002, DHCD provided \$1,516,000 in capital funds for improvements on Georgia Avenue between Gresham Place and Quebec Place, N.W.

B. Other FY 2002 Accomplishments

1. Fair Housing Activities

Low-income and racial and ethnic minorities in the District face a number of impediments to fair housing. These impediments were documented in the 1997 Analysis of Impediments, which will be updated in FY 2004; some of the key impediments include

- Rental and sales discrimination
- Disability discrimination
- Predatory lending
- Inadequate supply of affordable housing (assisted or otherwise)
- Inadequate housing services for immigrant populations

DHCD continues to provide fair housing education and outreach to its constituents through the Fair Housing Program Coordinator (bilingual). The program coordinator is charged with updating the agency's fair housing policies and procedures, ensuring its programs are carried out in accordance with the CDBG fair housing regulations, and ensuring fair housing education and outreach activities are realized.

DHCD engaged in a number of significant fair housing outreach activities during FY 2002. These include:

- Outreach to the Hispanic and Vietnamese communities under DHCD's Fair Housing Initiative Program grant (\$100,000)
- Agency participation in the Fannie Mae Housing Fair
- Agency participation in the D.C. Government Latino Day
- Agency participation in the District's Asian Pacific Islander community fair
- Director's participation in the Vietnamese community Walk through with the Mayor

DHCD also has translated a number of its program brochures into Spanish and Chinese, and has produced fair housing brochures in English, Spanish and Vietnamese. The program brochures are distributed at the various housing and community fairs, and the fair housing brochures are distributed through two community based organizations, CARACEN (Spanish) and SOS Boat People (Vietnamese), that serve their respective immigrant communities. The Department also is pursuing internal fair housing training to ensure that program staff fully understand the obligations associated with their housing programs.

The District also has taken legislative action to promote fair housing. Title II of the Housing Act of 2002, effective April 19, 2002, requires landlords to consider Section 8 as a source of income for purposes of eligibility to rent. This provision protects tenants from "Source of Income" discrimination and gives teeth to the provision under the D.C. Human Rights Act of 1977, Source of Income protected basis. The Council also passed the "Home Loan Protection Act of 2002", which strengthened prohibitions against predatory lending practices.

For its FY 2003 Request for Proposals, DHCD has prioritized the development of barrier-free housing, and it has earmarked \$3.0 million in local Housing Production Trust Fund monies for that purpose. DHCD continues to enforce non-discrimination laws and regulations, and it will

incorporate protections against Section 8 discrimination into multifamily contracts as necessary.

2. Special Needs Housing

Four of DHCD's FY 2002 projects were for special needs. They include

1. Partner Arms II - 13 units of transitional housing
2. Good Hope House - 8 units of transitional housing
3. Walter Washington Estates - 45 units of Section 202 senior housing
4. Golden Rule Community - 119 units of senior housing

3. Lead-Based Paint

DHCD received technical assistance from HUD's Office of Healthy Homes and Lead Hazard Control on implementing the Lead-Safe Housing Rule within the single family and multifamily rehabilitation programs. DHCD now has new procedures for its single family housing rehabilitation program and a revised environmental compliance checklist that accounts for the Lead-Safe Housing Rule.

4. Program Improvements

Delivery: DHCD implemented a Request for Proposals (RFP) process for its FY 2003 funding. DHCD's RFP, issued in August 2002, restores a competitive and transparent funding process for making development finance awards. DHCD also refined its Neighborhood Development Assistance Program during FY 2002, focusing the program on the delivery of neighborhood services such as counseling and job training, and expanding the competition for funding awards.

Monitoring: DHCD improved its subrecipient monitoring protocols during FY 2002. The department hired additional compliance staff, and established a new regimen of program reviews and tracking for corrective actions. DHCD also ordered an audit of its Emergency Shelter Grant program.

Technical Assistance: DHCD procured technical assistance through HUD for HOME program monitoring and lead-based paint training.

5. Coordination with the D.C. Housing Authority

The Department has partnered with the District of Columbia Housing Authority (DCHA) in the redevelopment of the Frederick Douglass/Stanton Dwellings and The New East Capitol public housing communities.

The redevelopment plan for Frederick Douglass/Stanton Dwellings, renamed *Henson Ridge*, calls for a new, 600-unit community with all new infrastructure (streets, sidewalks and alleys), a new community center, new parks and open spaces, as well as significant investment in neighborhood schools. The development includes 320 home ownership units targeted to households with a range of incomes. The 280 rental units will serve a mix of public housing and moderate-income families. The housing mix includes 42 senior bungalows,

28 stacked-flat apartments and 530 townhouses. To date, DHCD has committed \$8.0 million for infrastructure improvements - \$5.0 million in CDBG funds (disbursed) and \$3.0 million in capital funds (disbursement in progress).

The New East Capitol (formerly East Capitol Dwellings and Capitol View Plaza, along with a HUD-foreclosed property) will include 555 units of beautifully constructed, mixed-income units. One hundred ninety-six will be public housing units, 214 will be affordable and market-rate rental units and 145 will be home ownership units, utilizing both lease-to-purchase and Section 8 home ownership rules and ensuring home ownership for a number of current residents. DHCD has committed \$10 million in funding for this project for infrastructure improvements - \$3.0 million in CDBG funds (disbursed), and \$7.0 million in capital funds (disbursement in process).

6. Georgia Avenue Neighborhood Revitalization Strategy Area

In 1999, DHCD submitted an application for designation of the Georgia Avenue Corridor as a Neighborhood Revitalization Strategy Area (NRSA) to the U.S. Department of Housing and Urban Development, in conjunction with the District of Columbia Fiscal Year 2000 Consolidated Plan.

The city proposed to address economic development focused along the almost 5-mile corridor by approaching it as a single linear neighborhood. The Georgia Avenue Corridor has a distinct identity because it is one of the major north-to-south transportation routes connecting Maryland to downtown D.C. The targeted area includes the 39 census blocks that abut Georgia Avenue from Florida Avenue, N.W. to Eastern Avenue, N.W. Portions of the lower end of the strategy area already qualified as an NRSA because of their federal designations as Enterprise Communities.

The NRSA development strategies include job creation, housing development, employment and entrepreneurial training and infrastructure development. A combination of projects and program activities has been identified in the NRSA supporting these four categories to serve as the core tools for revitalizing the Corridor.

The performance measures and FY 2002 accomplishments include:

Table 15: Georgia Avenue NRSA Performance Data

	Performance Measures	FY 2002 Accomplishments
Job Creation	<ul style="list-style-type: none"> Create 50 new jobs each year Create 5 new businesses each year Attract 3 major employers by 2004 	<ul style="list-style-type: none"> New business data is not available. No major employers (50+ employees) have relocated to Georgia Avenue.
Housing and Community Development	<ul style="list-style-type: none"> Rehabilitate 20 loans multifamily units by 2001 Rehabilitate 20 single-family homes by 2001 Create 135 new homeowners by 2002 	<ul style="list-style-type: none"> DHCD provided funds to develop 13 units of transitional housing and 17 affordable condominium units DHCD and the DCHFA also provided single-family acquisition and rehabilitation loans within the NRSA boundaries: <ul style="list-style-type: none"> 29 SF rehab loans (FY 2000-2002) for \$383,825 298 HPAP loans (FY 2000-2002) for \$2,551,640
Employment and Entrepreneurial Training	<ul style="list-style-type: none"> Open 1 new job training center by 2002 Conduct 2 career fairs each year 	<ul style="list-style-type: none"> DHCD provided support to the Georgia Avenue Business Resource Center in FY 2002 and FY 2003. The center provides monthly training sessions on various business development and operating topics To date, the Business Resource Center has helped 10 businesses get loans, 30 businesses get LSDBE certified, and 10 businesses get 8(a) certified.
Infrastructure Improvements	<ul style="list-style-type: none"> Renovate 2 community parks by 2001 Install 50 historic markers by 2001 Make improvements to the Gateway at Silver Spring 	<ul style="list-style-type: none"> DHCD awarded funds for façade improvements on the 2800, 3400-3600, 6200, 7300 and 7700 blocks of Georgia Avenue (which include the Gateway) The Department of Public Works constructed pedestrian level lighting from Gresham Place to Quebec Place on Georgia Avenue.

In addition, DHCD closed two acquisition loans for rehabilitation of multi-family Residential Projects in the 700 and 800 blocks of Jefferson Street, N.W., just east of Georgia Avenue, and purchased two commercial properties for redevelopment at 3813 and 3815 Georgia Avenue. These are to be redeveloped through the National Capital Revitalization Corporation and a private developer.

7. Carver Terrace/Langston Terrace/Ivy City/Trinidad NRSA

DHCD applied to HUD for the designation of the Carver/Langston Terrace/Ivy City/Trinidad (CLTICT) communities as a Neighborhood Revitalization Strategy Area (NRSA) in August 2000.

The application was approved in October 2000. The CLTICT NRSA includes five census tracts defined by New York Avenue, Florida Avenue and Bladensburg Road, and includes Galludet University and the Farmer's Market, as well as major residential and light industrial developments.

The NRSA development strategy includes job creation, housing development, employment and entrepreneurial training, and infrastructure development. A comprehensive set of projects and programs has been developed around these four areas to serve as the core tools for revitalizing the neighborhood.

The performance measures and FY 2002 accomplishments include:

Table 16: CLTICT NRSA Performance Data

	Performance Measures	FY 2002 Accomplishments
Job Creation	<ul style="list-style-type: none"> • Create 25 new jobs each year • Create 3 new businesses each year • Attract 12 new businesses by 2005 	<ul style="list-style-type: none"> • 41 jobs were created by the birthing center. 14 jobs were created from by the health and child development center.
Housing and Community Development	<ul style="list-style-type: none"> • Create 600 affordable/mixed-income units • Construct one 80 slot day care center • Construct one birthing and well-care center for low-income residents • Develop three computer learning centers 	<ul style="list-style-type: none"> • The Carver Terrace Health and Child Development Center was completed in FY 2002 • The DC Developing Families Center was completed in FY 2000. • 28 completed and 35 planned single-family housing rehabilitation projects.
Employment and Entrepreneurial Training	<ul style="list-style-type: none"> • Train 50 youth entrepreneurs • Train 100 community residents in housing construction and lead/asbestos abatement trades and landscaping services • Conduct 2 career fairs each year 	<div style="background-color: #cccccc; text-align: center; padding: 50px;"> AWAITING DATA </div>
Infrastructure Improvements	<ul style="list-style-type: none"> • Plan 1,000 trees • Renovate two community parks by 2003 • Renovate roadways at New York and Montana Avenues • Repair bridge at New York and Florida Avenues 	
Economic Growth	<ul style="list-style-type: none"> • Increase retail space and promote 25 new businesses • Relocate two District agencies to the NRSA to spur growth 	<ul style="list-style-type: none"> • No District agencies have moved to date.

In FY 2002, DHCD entered into an NDAP contract with HomeFree USA to rehabilitate a minimum of 20 single-family homes. Previously, HomeFree USA had rehabilitated 28 single-family houses in the Trinidad area under partnership with DHCD.

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PART V CDBG AND HOME PROGRAM PERFORMANCE

A CDBG Program Performance

This part of the CAPER discusses DHCD's use of Community Development Block Grant (CDBG) funds, as required by 24 CFR²⁶ 91.520(c).

Use of CDBG to meet the District's priority needs: According to the District's five-year strategic plan, there are six priority needs. They include:

1. Affordable housing
2. Homelessness
3. Barriers to affordable housing
4. Lead based paint hazards
5. Anti-poverty strategy
6. Fair housing

CDBG is ideally suited to address needs 1, 3, and 5. Homelessness, need 2, is addressed directly through the Emergency Shelter Grant; lead based paint hazards, need 4, is being addressed by the D.C. Department of Health and, indirectly, through revisions to DHCD's programs (see Part IVB.3 above); and fair housing, need 6, also being addressed through the Fair Housing Initiative Program grant and indirectly through Department activities (see Part IVB.1 above).

As noted above in Table 8 and Table 9, DHCD spent \$29.5 million of CDBG funds in FY 2002 for the acquisition, disposition, and production of over 1,600 affordable housing units. The increase in supply is a key step in reducing the barriers to affordable housing, along with efforts to promote fair housing which are described above. Details on the rehabilitation portion of this investment are shown in the sidebar to the right. Moreover, this assistance helped create 2,810 temporary and permanent jobs, thereby increasing individual incomes. DHCD's provision of \$5.6 million to community development corporations has enabled them to provide job training to 205 individuals and technical assistance to 916 small businesses. All of these accomplishments promote the District's anti-poverty strategy by economic fortunes in underserved neighborhoods.

Summary: CDBG-Funded Rehabilitation

22 single family units:

CDBG funds: \$	598,781
Other funds: \$	188,435

1,005 multi-family units:

CDBG funds: \$	13,315,337
Other funds: \$	49,205,560

Total CDBG delivery costs (personnel and non-personnel services): \$1,091,353

Income beneficiaries: One hundred percent of the District's CDBG funds have been used to provide benefits to low- and moderate-income persons. Funded projects include either housing for income-eligible households or commercial and community facilities and infrastructure projects in census tracts that are CDBG-eligible. As reported through IDIS:

²⁶ Code of Federal Regulations.

- 1,245 households and persons benefiting from CDBG expenditures were extremely low-income (which for CDBG is defined as below 30% of the area median)
- 13,953 households and persons benefiting from CDBG expenditures were low-income (which for CDBG is defined as below 50% of the area median)
- 39,217 households and persons benefiting from CDBG expenditures were low-moderate-income (which for CDBG is defined as below 80% of the area median)

No households and persons benefiting from CDBG expenditures had higher incomes.

Completion of planned actions: DHCD has pursued all of the resources in its Consolidated Plan, which primarily are leveraged dollars for the CDBG and HOME programs. (See discussion on page 18). DHCD also has provided local funds to augment its budget in pursuit of housing and community development goals: its local and other public funds budget was \$14.8 million in FY 2002. The Housing Production Trust Fund will supply another \$20 million in FY 2003.

DHCD uses its CDBG compliance checklist to ensure that proposals meet national CDBG goals, local strategic goals, and CDBG eligibility requirements.

As noted above, DHCD had anticipated awarding certain CDBG projects in FY 2002. DHCD's accomplishment of these projects is shown in Table 17. The full list of CDBG-funded projects is shown in Appendix A.

Table 17: CDBG Proposed and Actual Project Awards, FY 2002

Proposed Project	Proposed Amount	Actual Amount FY 2002
Syphax School (Homeownership)	\$ 822,000	\$ 175,000 ²⁷
Fort Dupont WIN (Homeownership)	250,000	4,255,000
Deanwood Library	3,300,000	0 ²⁸
Arthur Fleming Center	180,000	0 ²⁹
ARC Community Facility	2,500,000	0 ³⁰
Food and Friends Community Facility	1,500,000	990,000
Lead Based Paint Abatement Program	500,000	0 ²⁸
Training/Education OIC Youth Training Program	200,000	180,000
Renovation and Expansion of Recreation Centers	1,000,000	0 ²⁸
Policing/Education Initiative	1,500,000	0 ²⁸
Minnesota/Benning Commercial Revitalization	300,000	500,000
H Street Corridor Commercial Revitalization	200,000	400,000

Program Changes: In examining its programs, DHCD has recognized the need to make certain changes. DHCD has begun strengthen the monitoring protocols for its Development Finance Division programs and for the Neighborhood Development Assistance Program. DHCD also is taking steps to clear up the backlog of applications in the Single Family Residential

²⁷ \$985,000 awarded in FY 2001.

²⁸ Project canceled; funds awarded to construction projects.

²⁹ \$300,000 awarded in FY 2001.

³⁰ \$3,000,000 awarded in FY 2001.

Rehabilitation Program by streamlining the processing requirements. Nonetheless, DHCD's programs all have been designed to meet the HUD national objectives of benefiting low- and moderate-income persons, and elimination of slums and blight (through, for example, acquisition, disposition and rehabilitation). DHCD also will use CDBG funds to meet community development needs having a particular urgency, however, none of the activities funded this year were in response to immediate threats to health and safety.

B. HOME Program Performance

This part of the CAPER discusses DHCD's use of HOME Investment Partnerships Program funds, as required by 24 CFR 91.520(d).

Distribution of Funds: DHCD committed its HOME funds in FY 2002 as follows:

Table 18: HOME Fund Investments, FY 2002

Investment	Project Type	Units	HOME Funds
Walter Washington Apartments, 800 Southern Avenue, S.E.	Multifamily New construction	45	\$ 950,000.00
1327 Kenyon Street, N.W. Cooperative	Multifamily Home Purchase and Rehab	12	\$ 420,000.00
Various (HPAP and D.C. HFA subsidy)	Single Family Home Purchase	109	\$ 3,167,451.96
Various (D.C. HFA subsidy)	Single Family Home Purchase / Rehab	3	\$ 102,246.00
Safe Haven Outreach Ministries, Inc., Various S.E. addresses	Multifamily Acquisition/Rehab	48	\$ 2,130,000.00
1611 Park Road, N.W.	Multifamily Home Purchase and Rehab	40	\$ 2,000,000.00
Transitional Housing Corporation (Partner Arms II), 4506 Georgia Avenue, N.W.	Multifamily Acquisition/Rehab	13	\$ 465,000.00
Bethany, Inc. (Good Hope House) 1716 V Street, S.E.	Multifamily Rehabilitation	8	\$ 300,000.00
TOTAL		278	\$ 9,534,697.96

Both the Safe Haven and the 1611 Park Road projects were proposed in DHCD's FY 2002 Consolidated Plan Action Plan.

The projects cited above utilized HOME program funds for property acquisition, new housing construction, and housing rehabilitation activities, to support both homeownership and rental housing development. HOME program income (\$400,000) was recycled through the Construction Assistance Program, Development Finance Division.

DHCD committed the following funding specifically to Community Housing Development Organizations (CHDOs):

- MANNA, Inc., University Place - \$100,000
- MANNA, Inc., 2922 Sherman Avenue, N.W. - \$700,000

HOME Monitoring: DHCD has revised its HOME monitoring procedures with regards to unit inspections and subrecipient monitoring. DHCD received technical assistance from HUD's Office of Community Planning and Development, and will institute its new procedures in FY 2003.

Affirmative Marketing Actions: The DHCD has ensured affirmative marketing actions of all HOME funded housing activities containing five units or more, in accordance with 24 CFR 92.351. Following is the city's method for ensuring regulatory compliance:

1. Application packages for HOME program funded activities contain information for owners, the general public and tenants that specifically explain fair housing requirements. Owners are informed that they must make good faith efforts to provide information and otherwise attract eligible persons from all racial, ethnic, and gender groups in the District to occupy the available housing units. The Equal Housing Opportunity slogan is used in press releases and on information soliciting owner participation.

DHCD requires owners of HOME-assisted activities to adhere to the following practices in order to carry out the District's affirmative marketing procedures:

- Use the Equal Housing Opportunity logo/slogan or statement in any advertising or solicitation for tenants.
 - Display fair housing posters wherever applicants are accepted.
 - Inform and solicit applications for vacant units for persons in the housing market who are most likely to apply for rehabilitated housing without special outreach.
 - Inform community agencies of the availability of units in order to reach the Hispanic community.
 - Accept referrals from the D.C. Housing Authority.
 - Use information supplied regarding apartment buildings occupied by community organizations and churches whose members are non-minority and are located in the various neighborhoods in which the program operates.
2. Through the HOME funding agreement, requirements and practices to which each owner must adhere in carrying out the HOME affirmative marketing procedures and requirements are delineated. DHCD provides internal support to the owners through its network of community organizations, churches, employment centers, fair housing groups and housing counseling agencies. In addition, commercial media, community contacts, equal opportunity logo and slogan and the display of the fair housing poster are used in requiring each owner to adhere to affirmative marketing procedures.
 3. DHCD maintains a record of the frequency and type of information sent to community organizations with which it maintains contact. A record of the applicants responding and actual tenants accepted as a result of DHCD's outreach efforts is maintained for monitoring and assessment purposes. The District will meet the racial, ethnic and

gender characteristic record keeping requirements as contained in Section 92.351 concerning tenancy before and after rehabilitation, and relocation data for displaced households.

4. DHCD will assess the affirmative marketing effort of owners by means of an agreement with the owner that shall be applicable for a period of 15 years (or other appropriate time period as determined by HUD requirements) beginning on the date on which all units in the project are completed. The assessment will be in the form of a determination of whether or not the owner has followed the criteria established for affirmative marketing efforts.

In implementation of the affirmative marketing requirements, the District will comply with the laws and authorities referenced in 24 CFR 92.350 to assure nondiscrimination and equal opportunity in the use of its HOME funds.

Further, the District will comply with the requirements of the Fair Housing Act, 42 U.S.C. 3601-20, and implementing regulations at 24 CFR 100, Executive Order 11063, as amended by Executive Order 12259 (Equal Opportunity in Housing) and implementing regulations at 24 CFR 107; Title VI of the Civil Rights Acts of 1964, 42 U.S.C. 200d and implementing regulations at 24 CFR 1; the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975; 42 U.S.C. 6101-07 and implementing regulations at 24 CFR 146; and the prohibition against discrimination on the basis of handicap under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and implementing regulations at 24 CFR Part 8; which provide that no person in the United States shall on the grounds of race, color, national origin, age or handicap be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant received Federal financial assistance and will take the measures necessary of effectuate this assurance. This assurance shall obligate the property owner, or in the case of any transfer of such property, and transferee, for the period during which the real property or structure is used for the purpose for which the HOME grant funds were expended.

The HOME Program will comply with Executive Order 11246 and the implementing regulations at 41 CFR Chapter 60, which provide that, *"no persons shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal or federally-assisted construction contract"*; and with the requirements of Section 3 of the Housing and Urban Development Act of 1968; 12 U.S.C. 1701 u (Employment Opportunities for Businesses and Lower Income Persons in Connection with Assisted Projects).

The District ensures that property owners certify that contractors and subcontractors will take affirmative action to ensure fair treatment in employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training and apprenticeship; and to the greatest extent possible, will assure that opportunities for training, employment and contracts in connection with HOME assisted projects be given to lower-income residents and businesses in the project area.

The District affirmatively furthers fair housing in its HOME Program in accordance with the certification made with its Consolidated Plan pursuant to the actions described at 24 CFR 91.225.

Minority Participation in the HOME Program: The application materials for HOME Program funding (and all DFD funding) include Affirmative Action Plan requirements. The Affirmative Action Plan requirements establish goals for Local Small, Disadvantaged Business Enterprise participation in construction jobs provided and for the contractors and subcontractors hired for projects.

PART VI HOPWA PROGRAM PERFORMANCE

A. Grantee and Community Profile

The District of Columbia, Department of Health, HIV/AIDS Administration (HAA) is the Housing Opportunities for People With AIDS (HOPWA) Formula Grantee for the Washington, DC Eligible Metropolitan Statistical Area (EMSA).

The purpose of HAA is to prevent the spread of HIV infection and to ensure the management, oversight, planning, and coordination of HIV/AIDS services and Programs in the District of Columbia, in collaboration with other government and Community organizations. HAA also administers the Ryan White Title I Program for the DC EMSA, the District's Ryan White Title II, AIDS Drug Assistance Program (ADAP), and Centers for Disease Control (CDC) funding for HIV/AIDS prevention and surveillance activities.

In addition to serving as the DC EMSA regional grantee, HAA is also the local administrative agency for the HOPWA program in the District of Columbia. In suburban Maryland, the Prince George's County Government, Department of Housing and Community Development (DHCD) is the administrative agency with oversight of activities in Calvert, Charles, Frederick, Montgomery, and Prince George's counties. The Northern Virginia Regional Commission (NVRC) is the administrative agency for suburban Virginia with oversight of activities in the counties of Arlington, Clarke, Culpeper, Fairfax, Fauquier, King George, Loudoun, Prince William, Spotsylvania, Stafford, and Warren. NVRC's responsibility also includes the cities of Alexandria, Culpeper, Fairfax, Falls Church, Fredericksburg, Manassas, and Manassas Park. In suburban West Virginia, the administrative agency is the AIDS Network of the Tri-State Area (ANTS) a non-profit community-based organization with responsibility for the counties of Berkeley and Jefferson.

B. Program Accomplishments

In the District of Columbia, HOPWA funds were used to provide housing assistance for **348** individuals and families, supportive services to **619** individuals and families, and housing information and referral services to **111** individuals during the period of October 1, 2001 - September 30, 2002. A total of **3,927** individuals and families received HOPWA related services throughout the EMSA for the period of October 2001 through September 30, 2002. During this period the DC EMSA expended approximately **\$4,614,567.18** (direct services only) using primarily HOPWA FY 2000 or Yr. 9 funds.

Key Facts	Contact Information
Service Area: Washington, DC EMSA Grant: Formula Allocations: FY 1999 \$6,475,000 (Yr. 8) FY 2000 \$6,335,000 (Yr. 9) FY 2001 \$8,721,000 (Yr. 10)	Lawrence Frison Chief, Ryan White Title II HIV/AIDS Administration 717 14 th Street NW, Suite 1000 Washington, 20005 Phone: 202-724-2432 Fax: 202-727-8471

C. Accomplishment Narrative

1. Overview – Activities, Barriers, Actions Taken and Recommendations

In addition to the housing assistance provided to eligible clients throughout the EMSA, the HAA Housing Program provided enhanced management and oversight of the HOPWA program. HAA Housing Program staff was instrumental in getting the Gatekeeper program underway as a long-term housing and information referral center for clients in need of housing assistance.

In the District of Columbia, the HIV/AIDS Administration released an RFA that included six HOPWA Program Areas. Three of these programs are innovative programs addressing the need for housing mediation services, transitional housing programs, specifically targeting single women infected with HIV/AIDS, and an all day service center for infected homeless residents east of the Anacostia River. The program areas are anticipated to begin full operation in December 2002.

In Northern Virginia, the Northern Virginia Regional Commission (NVRC) has partnered with the Northern Virginia AIDS Ministry (NOVAM) in order to provide transportation services to People Living With AIDS/HIV based in Arlington, VA. This service provides the much-needed services to and from doctors, hospitals, clinic, housing searches, and everyday chores. Also Northern Virginia was successful in providing more Tenant Based Rental Assistance vouchers to new clients by moving previous clients through the continuum, and linking them to alternative housing programs.

The barriers encountered in the administering of the HOPWA program in the jurisdictions have been primarily due to the escalated asking prices that exceed even the 110% FMR caps.

2. Accomplishment Data

In the District of Columbia, HOPWA funds were used to provide housing assistance for **348** individuals and families, supportive services to **619** individuals and families, and housing information and referral services to **111** individuals during the period of October 1, 2001 - September 30, 2002. A total of **3,927** individuals and families received HOPWA related services throughout the EMSA for the period of October 2001 through September 30, 2002. During this period the DC EMSA expended approximately **\$4,614,567.18** (direct services only) using primarily HOPWA FY 2000 or Yr. 9 funds.

3. HOPWA FY 2002 Performance Summaries

During the period of October 1, 2001 - September 30, 2002 programs utilized HOPWA Yr. 8 , Yr. 9 and Yr. 10 grant funds. However, the majority used was from HOPWA FY 2000 or Yr. 9. Table 19 compares original application targets to actual client totals.

Table 19: Comparison of Original Application Targets to Actual Client Totals

HOPWA Eligible Activities	HOPWA Yr. 8 FY '99 Action Plan Budget	HOPWA Year 8 Allocations	FY '99 Action Plan Targets	FY '99 Actual	HOPWA Yr. 9 FY '00 Action Plan Budget	HOPWA Year 9 Allocations	FY '00 Action Plan Targets	FY '00 Actual
1. Housing Information	\$150,000	\$150,000	500	887	\$89,000	\$89,000	500	111
2. Resource Identification	\$125,054	\$125,000	0	0	\$139,500	\$139,500	0	0
3. Acquisition, Rehabilitation, Repair	\$300,000	\$100,000	0	0	\$0	\$0	0	0
4. New Construction	\$0	\$0	0	0	\$0	\$0	0	0
5. Project-/Tenant Based Rental Assist.	\$1,500,000	\$1,267,383	400	298	\$1,202,300	\$1,202,300	400	348
6. Short-Term Rent, Mortgage, and Utilities	\$300,000	\$300,000	600	327	\$0	\$0	360	409
7. Support Services	\$400,000	\$429,982	300	719	\$1,240,989	\$1,240,989	800	619
8. Operating Costs	\$400,000	\$400,000	200	175	\$555,260	\$555,260	0	0
9. Technical Assistance	\$100,000	\$0	0	0	0	\$0	0	0
10. DC Administration 7%	\$254,727	\$254,727	0	0	\$250,993	\$250,993	0	0
11. Regional Grantee Admin. 3% Cap	\$194,250	\$194,250	0	0	\$190,050	\$190,050	0	0
Sub-total for the District of Columbia	\$3,724,031	\$3,221,342	2,000	2,406	\$3,668,092	\$3,668,092	2060	1487
Sub-urban Maryland HOPWA	\$1,563,907	\$1,563,907	340	457	\$1,523,948	\$1,523,948	930	367
Sub-urban Virginia HOPWA	\$1,124,254	\$1,124,254	423	539	\$1,081,511	\$1,081,511	1201	2033
Sub-urban West Virginia HOPWA	\$62,808	\$62,808	37	43	\$61,449	\$61,449	82	40
Total	\$6,475,000	\$5,972,311	2,800	3,445	\$6,335,000	\$6,335,000	3432	3927

In addition to the information provided above, the following required charts present other perspectives on actual performance and comparison with planned activities.

Table 20: Housing Units Supported During FY 2002 - Washington, DC EMSA

Type of Unit	Number of units with HOPWA funds	Amount of HOPWA funds	Number of units with grantee and other funds	Amount of grantee and other funds	Deductions for units reported in more than one column	TOTAL by type of unit
1. Rental Assistance						
2. Short- term or emergency housing payments						
3-a. Units in facilities supported with operating cost.						
3-b. Units in facilities that were developed with capital cost and opened and served clients.						
3-c. Units in facilities being developed with capital cost but not yet opened.						
SUBTOTAL						
Deduction for Units reported in more than one category.						
TOTAL						

AWAITING DATA FROM
HIV/AIDS ADMINISTRATION
D.C. DEPARTMENT OF HEALTH

Table 21: Housing Units Supported During FY 2002 - District of Columbia

Type of Unit	Number of units with HOPWA funds	Amount of HOPWA funds	Number of units with grantee and other funds	Amount of grantee and other funds	Deductions for units reported in more than one column	TOTAL by type of unit
1. Rental Assistance						
2. Short- term or emergency housing payments						
3-a. Units in facilities supported with operating cost.						
3-b. Units in facilities that were developed with capital cost and opened and served clients.						

Type of Unit	Number of units with HOPWA funds	Amount of HOPWA funds	Number of units with grantee and other funds	Amount of grantee and other funds	Deductions for units reported in more than one column	TOTAL by type of unit
3-c. Units in facilities being developed with capital cost but not yet opened.						
SUBTOTAL						
Deduction for Units reported in more than one category.						
TOTAL						

***Note:** The District of Columbia also supports HOPWA programs with 1,450,000 million in local tax dollars to cover the following services: Administrative cost for sub-grantees, rental assistance for immigrants, burial assistance and funeral assistance, supportive services, and discharge planning for HIV positive ex-offenders.

Table 22: Housing Units Supported During FY 2002 - Suburban Maryland³¹

Type of Unit	Number of unit with HOPWA funds	AWAITING DATA FROM HIV/AIDS ADMINISTRATION D.C. DEPARTMENT OF HEALTH				Deductions for units reported in more than one column	TOTAL by type of unit
1. Rental Assistance							
2. Short- term or emergency housing payments							
3-a. Units in facilities supported with operating cost.							
3-b. Units in facilities that were developed with capital cost and opened and served clients.							
3-c. Units in facilities being developed with capital cost but not yet opened.							
SUBTOTAL							
Deduction for Units reported in more than one category.							
TOTAL							

³¹ *Suburban Maryland includes Calvert, Charles, Frederick, Montgomery, and Prince George's counties

Table 23: Housing Units Supported During FY 2002 - Suburban Virginia³²

Type of Unit	Number of units with HOPWA funds	Amount of HOPWA funds	Number of units with grantee and other funds	Amount of grantee and other funds	Deductions for units reported in more than one column	TOTAL by type of unit
1. Rental Assistance						
2. Short- term or emergency housing payments						
3-a. Units in facilities supported with operating cost.						
3-b. Units in facilities that were developed with capital cost and opened and served clients.		AWAITING DATA FROM HIV/AIDS ADMINISTRATION D.C. DEPARTMENT OF HEALTH				
3-c. Units in facilities being developed with capital cost but not yet opened.						
SUBTOTAL						
Deduction for Units reported in more than one category.						
TOTAL						

Table 24: Housing Units Supported During FY 2002 - Suburban West Virginia³³

Type of Unit	Number of units with HOPWA funds	Amount of HOPWA funds	Number of units with grantee and other funds	Amount of grantee and other funds	Deductions for units reported in more than one column	TOTAL by type of unit
1. Rental Assistance						
2. Short- term or emergency housing payments						
3-a. Units in facilities supported with operating cost.						

³² Suburban Virginia includes the counties of Arlington, Clarke, Culpeper, Fairfax, Fauquier, King George, Loudoun, Prince William, Spotsylvania, Stafford, and Warren, as well as the cities of Alexandria, Culpeper, Fairfax, Falls Church, Fredericksburg, Manassas and Manassas Park.

³³ Suburban West Virginia includes the counties of Berkeley and Jefferson.

Type of Unit	Number of units with HOPWA funds	Amount of HOPWA funds	Number of units with grantee and other funds	Amount of grantee and other funds	Deductions for units reported in more than one column	TOTAL by type of unit
3-b. Units in facilities that were developed with capital cost and opened and served clients.						
3-c. Units in facilities being developed with capital cost but not yet opened.						
SUBTOTAL						
Deduction for Units reported in more than one category.						
TOTAL						

AWAITING DATA FROM
HIV/AIDS ADMINISTRATION
D.C. DEPARTMENT OF HEALTH

Table 25: Planned vs. Actual Units, FY 2002 - Washington, DC EMSA

Type of Unit	Estimated Number of Units by type in the approved Consolidated Plan/ Action Plan for this operating year	Comment, on comparison with actual accomplishments (or attach)
1. Rental Assistance		
2. Short-term or emergency housing payments		
3-a. Units with operating costs		
3-b. Units in facilities that were developed with capital costs and opened and served clients		
3-c. Units in facilities being developed with capital costs but not yet opened		
SUBTOTAL		
Deduction for units reported in more than one Category.		
TOTAL		

Table 26: Planned vs. Actual Units, FY 2002 - District of Columbia

Type of Unit	Estimated Number of Units by type in the approved Consolidated Plan/ Action Plan for this operating year	Comment, on comparison with actual accomplishments (or attach)
1. Rental Assistance		
2. Short-term or emergency housing payments		
3-a. Units with operating costs		
3-b. Units in facilities that were developed with capital costs and opened and served clients		
3-c. Units in facilities being developed with capital costs but not yet opened		
SUBTOTAL		
Deduction for units reported in more than one Category.		
TOTAL		

AWAITING DATA FROM
HIV/AIDS ADMINISTRATION
D.C. DEPARTMENT OF HEALTH

Table 27: Planned vs. Actual Units, FY 2002 - Suburban Maryland

Type of Unit	Estimated Number of Units by type in the approved Consolidated Plan/ Action Plan for this operating year	Comment, on comparison with actual accomplishments (or attach)
1. Rental Assistance		
2. Short-term or emergency housing payments		
3-a. Units with operating costs		
3-b. Units in facilities that were developed with capital costs and opened and served clients		
3-c. Units in facilities being developed with capital costs but not yet opened		
SUBTOTAL		
Deduction for units reported in more than one Category.		
TOTAL		

Table 28: Planned vs. Actual Units, FY 2002 - Suburban Virginia

Type of Unit	Estimated Number of Units by type in the approved Consolidated Plan/ Action Plan for this operating year	Comment, on comparison with actual accomplishments (or attach)
1. Rental Assistance		
2. Short-term or emergency housing payments		
3-a. Units with operating costs		
3-b. Units in facilities that were developed with capital costs and opened and served cli	<p style="text-align: center;">AWAITING DATA FROM HIV/AIDS ADMINISTRATION D.C. DEPARTMENT OF HEALTH</p>	
3-c. Units in facilities being developed with capital costs but not yet opened		
SUBTOTAL		
Deduction for units reported in more than one Category.		
TOTAL		

Table 29: Planned vs. Actual Units, FY 2002 - Suburban West Virginia

Type of Unit	Estimated Number of Units by type in the approved Consolidated Plan/ Action Plan for this operating year	Comment, on comparison with actual accomplishments (or attach)
1. Rental Assistance		
2. Short-term or emergency housing payments		
3-a. Units with operating costs		
3-b. Units in facilities that were developed with capital costs and opened and served clients		
3-c. Units in facilities being developed with capital costs but not yet opened		
SUBTOTAL		
Deduction for units reported in more than one Category.		
TOTAL		

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PART VII PUBLIC PARTICIPATION

DHCD held a Public Hearing on October 23, 2002 at its office location to afford residents the opportunity to comment on the Department's performance. The hearing notice is reproduced below:



PUBLIC NOTICE

Public Hearing on the District's Fiscal Year 2002 Performance in Meeting Housing and Community Development Needs with Federal Funds

The D.C. Department of Housing and Community Development (DHCD or the Department) will hold a public hearing on October 23, 2002, to discuss the District's Fiscal Year 2002 performance in its use of funds received from the U.S. Department of Housing and Urban Development. DHCD received \$44,283,000 from HUD in Fiscal Year 2002 through four programs: the Community Development Block Grant (CDBG) program, the HOME Investment Partnerships Program, the Emergency Shelter Grant (ESG) program, and the Housing for Persons with AIDS (HOPWA) program. DHCD administered the CDBG and HOME funds directly, entered into an agreement with the Community Partnership for the Prevention of Homelessness to administer the ESG grant, and transferred the HOPWA grant to the D.C. Department of Health, HIV/AIDS Administration.

In preparation for the submission of the Fiscal Year 2002 Consolidated Annual Performance and Evaluation Report (CAPER) to HUD, DHCD is soliciting public comment on the District's effectiveness during Fiscal Year 2002 at using federal funds to meet the District's housing and community development needs. These comments will form part of DHCD's and the District's evaluation, as is required by federal regulations (24 CFR 91.520). This hearing is reserved for a discussion of the District's Fiscal Year 2002 performance, and the Department will hold a separate set of needs hearings for its Fiscal Year 2004 action plan in November.

The meeting will be held on Wednesday, October 23, 2002, at the Department of Housing and Community Development, 801 North Capitol Street, N.E., 9th Floor, Washington, DC 20002, from 6:30 – 9:30 PM. Interested parties are invited to submit testimony at the hearing. DHCD requests that interested parties submit an advance written copy of their testimony, along with their name and organization represented, to Paul Cohn at DHCD no later than Friday, October 19, 2002. Mr. Cohn may be reached by telephone at (202) 442-7233 or by e-mail at paul.cohn@dc.gov. Parties desiring to testify should contact Pamela Hillsman to be placed on the witness list. Ms. Hillsman may be reached at (202) 442-7256 or by e-mail at pamela.hillsman@dc.gov.



Anthony A. Williams
Mayor

Eric Price
Deputy Mayor for Planning
and Economic Development

Stanley Jackson
Director
Department of Housing and Community Development

Below is a summary of the hearings.

**SUMMARY OF OCTOBER 23, 2002
“HOUSING AND COMMUNITY DEVELOPMENT
PERFORMANCE HEARING FOR THE DISTRICT OF COLUMBIA”**

DHCD's performance hearing was held at 6:30 P.M. on October, 23, 2002 in the Department's board room, 801 North Capitol Street, N.E., Washington, DC.

The following is a summary of the testimony presented.

Steve E. Counts, Green Door Board of Trustees: “DHCD outdid themselves this year in communication to our agency in our efforts to file loan and grant requests.” Green Door appreciates DHCD staff's responsiveness and the Department's improved handouts.

Gail Chow, Green Door: “The District of Columbia is in desperate need of affordable housing for all people with disabilities.” Green Door appreciates the work that went into the Request for Proposals process and hopes there will be multiple funding rounds annually, and that “financing, grants and forgivable loans will be available to create new housing as well as to preserve affordable special needs housing ...” Green Door supports DHCD's plans for using \$3.0 million from the Housing Production Trust Fund to develop barrier-free and other special needs housing, and it advocates for the District to appoint the HPTF Board. Green Door supports DHCD's efforts to develop a comprehensive housing strategy. It finds the DHCD website useful and offers some suggestions for content.

George Rothman, President & CEO, MANNA, Inc.: MANNA is “pleased with the progress DHCD has made under the direction of Mr. Jackson during Fiscal Year 2002.” Morale has been boosted, and the Notice of Funding Availability process was smooth. Nonetheless, there is a need for consistent funding for the Tenant Purchase program. The transaction costs associated with preserving small and medium size multifamily buildings make Tenant Purchase funding a critical need. These funds should be awarded outside the NOFA process, because tenant purchase opportunities may not coincide with the NOFA. DHCD also should award more of its HOME and CDBG funding through the Request for Proposals than it is doing for FY 2003. MANNA also encourages DHCD to revive the Homestead Multifamily Program, which - by offering low acquisition costs - enables groups to convert them for affordable homeownership.

Cammie Lindsay, President of the 1443 Oak Street Tenant Association: DHCD “should set aside a pot of money for tenants' purchase.” It is important for tenant organizations that are buying their buildings to have access to funds when there is a deadline for them to exercise their first right to purchase.

Mario Cristaldo, MANNA, Inc., on behalf of Shermaine Taylor, 1441 Spring Road Tenants Association: Funding should be set aside, apart from the NOFA process, to help tenant organizations exercise their first right to purchase. There should be a Tenants Purchase Fund in place.

Mary Jackson, ANC 7E-04 Commissioner: DHCD must take a more active part in overseeing the work of the D.C. Housing Authority. DCHA is not being held accountable. Housing that serves

large families is being phased out through the HOPE VI process. There is a need for large and family-size rental units. DHCD should refer to the National Housing Law Project report of June 25, 2002. Many people in shelters are coming from public housing.

Jacqueline Burney and Ronald Clark, 49th & B Street Cooperative Association: Ms. Burney and Mr. Clark recounted the history of the 49th & B Street Cooperative, including their difficulties with their management agent. They felt they were mismanaged and given false information. They requested a CDBG grant to bring their building up to standard.

Robert Pohlman, Executive Director, Coalition for Nonprofit Housing and Economic Development (CNHED): "There has been substantial progress made in the District in FY 2002 to address housing and community development needs." CNHED cites strengthened management, a competitive funding process, and updated Housing Production Trust Fund regulations. CNHED recommends four improvements: (1) more Tenant Purchase and Technical Assistance funding; (2) a more inclusive NOFA/RFP (including greater availability of HOME and CDBG funds through that process, and review of the rating factors used in each RFP); (3) development of a comprehensive housing strategy to spell out priorities, strategies and production goals; and (4) revival of the Multifamily Homestead Program, to expand the supply of affordable rental or homeownership opportunities.

Mike Dinkin, Program Manager, University Legal Services: He supported Mr. Rothman and Mr. Pohlman's comments. He described the tenant purchase timeline and reiterated the need to have tenant purchase funds separate from the NOFA. He is the only person for the whole city taking calls from tenant organizations re. tenant purchase, down from 14 staff fifteen years ago. Opportunities will be lost to save affordable housing through tenant purchase as the market continues to rise. He also noted that no one has followed up on the cooperatives that have been formed in the past, to see whether they are still working.

Daniel M. Pernel III, Vice Chair, ANC 6A Commission (written comments): "... many people of color, persons with disabilities, senior citizens and individuals who fall below the poverty line have short changed." Luxury developments are displacing long-time community residents.

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APPENDIX A DEVELOPMENT FINANCE DIVISION – FY 2002 FUNDED PROJECTS

Project:	1611 Park Rd	Total Development Cost:	\$3,805,000
Location:	1611 Park Road NW	DHCD Funding:	\$2,000,000
Ward:	1	Source:	HOME
Sponsor:	Victory Housing	Closing Date:	Oct-01
Number of units:	31		
Project Type:	MF Rehab/Rental		

Project:	1327 Kenyon Street Cooperative	Total Development Cost:	\$1,370,311
Location:	1327 Kenyon Street, NW	DHCD Funding:	\$420,000
Ward:	1	Source:	HOME
Sponsor:	New Columbia Community Land Trust	Closing Date:	Dec-01
Number of units:	12		
Project Type:	MF Rehab/Owner		

Project:	Fairmont Square	Total Development Cost:	\$550,000
Location:	1225 Fairmont St., NW	DHCD Funding:	\$550,000
Ward:	1	Source:	CDBG
Sponsor:	Development Corporation of Columbia Heights	Closing Date:	Dec-01
Number of units:	9		
Project Type:	MF Rehab/Rental		

Project:	1438 Columbia Road	Total Development Cost:	\$2,455,734
Location:	1438 Columbia Road	DHCD Funding:	\$536,000
Ward:	1	Source:	CDBG
Sponsor:	1438 Columbia Road Tenants Association	Closing Date:	Dec-01
Number of units:	15		
Project Type:	MF Rehab/Owner		

Project:	1440 Columbia Road	Total Development Cost:	\$2,602,272
Location:	1440 Columbia Road	DHCD Funding:	\$560,000
Ward:	1	Source:	CDBG
Sponsor:	1440 Columbia Road Teanants Association	Closing Date:	Dec-01
Number of units:	17		
Project Type:	MF Rehab/Owner		

Project:	Center for the Arts - Sitar	Total Development Cost:	\$244,370
Location:	2525 Ontario Road NW	DHCD Funding:	\$50,000
Ward:	1	Source:	CDBG
Sponsor:	Patricia Sitar Center for the Arts	Closing Date:	Dec-01
Number of units:			
Project Type:	Community Program		

Project:	Georgia Avenue NW Streetscape	Total Development Cost:	\$1,516,000
Location:	Gresham Pl.- Quebec Pl.	DHCD Funding:	\$1,516,000
Ward:	1	Source:	CIP
Sponsor:	Department of Public Works	Closing Date:	Dec-01
Number of units:			
Project Type:	Infrastructure		

Appendix A: DFD Project List

Project:	Spanish Senior Center	Total Development Cost:	\$800,000
Location:	1842 Calvert Street NW	DHCD Funding:	\$400,000
Ward:	1	Source:	CDBG
Sponsor:	EOFULA	Closing Date:	Jan-02
Number of units:			
Project Type:	Community Facility		

Project:	Lincoln Theatre	Total Development Cost:	\$200,000
Location:	1200 Block of U Street NW	DHCD Funding:	\$200,000
Ward:	1	Source:	CIP
Sponsor:	Lincoln Theatre Foundation	Closing Date:	Jan-02
Number of units:			
Project Type:	Community Facility		

Project:	Josephine Butler Parks Center (Additional Funds)	Total Development Cost:	\$149,900
Location:	2437 15th Street NW	DHCD Funding:	\$149,900
Ward:	1	Source:	CDBG
Sponsor:		Closing Date:	Feb-02
Number of units:			
Project Type:	Community Facility		

Project:	United Planning Organization/Headquarters	Total Development Cost:	\$7100000
Location:	301 Rhode Island Ave. NW	DHCD Funding:	\$975,000
Ward:	1	Source:	CDBG
Sponsor:	United Planning Organization	Closing Date:	Apr-02
Number of units:			
Project Type:	Community Facility		

Project:	1474 Chapin Street Apartments	Total Development Cost:	\$2,958,647
Location:	1474 Chapin Street, N.W.	DHCD Funding:	\$798,537
Ward:	1	Source:	CDBG
Sponsor:	Chapin Housing L.P	Closing Date:	May-02
Number of units:	15		
Project Type:	MF Rehab/Rental		

Project:	Hines Building	Total Development Cost:	\$5,000,000
Location:	14th & Harvard St	DHCD Funding:	\$528,000
Ward:	1	Source:	CDBG
Sponsor:	Washington Urban League	Closing Date:	May-02
Number of units:			
Project Type:	Commercial Facility		

Project:	1030-34 Euclid Street	Total Development Cost:	\$3,364,692
Location:	1030-1034 Euclid St. N.W	DHCD Funding:	\$650,000
Ward:	1	Source:	CDBG
Sponsor:	Euclid Housing L.P	Closing Date:	May-02
Number of units:	17		
Project Type:	MF Rehab/Rental		

Project:	Trinity Towers	Total Development Cost:	\$20,207,260
Location:	3023 14th Street, N.W.	DHCD Funding:	\$4,480,000
Ward:	1	Source:	CDBG
Sponsor:	Trinity Towers L.P	Closing Date:	Jun-02
Number of units:	122		
Project Type:	Acquisition		

Project:	Euclid Street Lofts	Total Development Cost:	\$17,925,511
Location:	1368 Euclid St., NW	DHCD Funding:	\$1,000,000
Ward:	1	Source:	LIHTC
Sponsor:	1368 Euclid St. LP	Closing Date:	Dec-01
Number of units:	77		
Project Type:	MF Rehab/Owner		

Project:	Mather Building	Total Development Cost:	\$12,420,000
Location:	916-918 G Street, NW	DHCD Funding:	\$-
Ward:	2	Source:	Disposition
Sponsor:	Mather Building Lofts, LLC	Closing Date:	Dec-01
Number of units:	42		
Project Type:	MF Rehab/Owner		

Project:	DC Chamber International Minority Business	Total Development Cost:	\$250,000
Location:	1213 K Street NW	DHCD Funding:	\$50,000
Ward:	2	Source:	CDBG
Sponsor:	DC Chamber of Commerce Foundation	Closing Date:	Apr-02
Number of units:			
Project Type:	Technical Assistance		

Project:	Partner Arms II (Construction Funds)	Total Development Cost:	\$1,487,436
Location:	4506 Georgia Avenue NW	DHCD Funding:	\$465,000
Ward:	4	Source:	HOME
Sponsor:	Transitional Housing Corporation	Closing Date:	Jan-02
Number of units:			
Project Type:	MF Rehab/Rental		

Project:	Acquisition - 3813 & 3815 Georgia Avenue	Total Development Cost:	\$430,000
Location:	3813 & 3815 Georgia Ave.	DHCD Funding:	\$430,000
Ward:	4	Source:	CIP*
Sponsor:	DHCD	Closing Date:	Mar-02
Number of units:			
Project Type:	Acquisition		

Project:	Georgia Avenue Business Resource Center	Total Development Cost:	\$400,000
Location:	7408 Georgia Avenue NW	DHCD Funding:	\$400,000
Ward:	4	Source:	CDBG
Sponsor:	DC Chamber of Commerce Foundation	Closing Date:	Mar-02
Number of units:			
Project Type:	Technical Assistance		

Appendix A: DFD Project List

Project:	Cease Fire Don't Smoke the Brothers	Total Development Cost:	\$200,000
Location:	4708 14th Street NW	DHCD Funding:	\$15,000
Ward:	4	Source:	CDBG
Sponsor:	Cease Fire Don't Smoke the Brothers	Closing Date:	Apr-02
Number of units:			
Project Type:	Community Facility		

Project:	5320 8th Street NW	Total Development Cost:	\$1,000,000
Location:	5320 8th Street NW	DHCD Funding:	\$360,800
Ward:	4	Source:	CDBG
Sponsor:	BHI International	Closing Date:	May-02
Number of units:	36		
Project Type:	Acquisition		

Project:	5401-5407 9th Street NW	Total Development Cost:	\$1,000,000
Location:	5401-5407 9th Street NW	DHCD Funding:	\$470,000
Ward:	4	Source:	CDBG
Sponsor:	BHI International	Closing Date:	Jul-02
Number of units:	34		
Project Type:	Acquisition		

Project:	Brightwood Manor Tenant Assoc.	Total Development Cost:	\$600,000
Location:	939 Longfellow St. N.W.	DHCD Funding:	\$600,000
Ward:	4	Source:	CDBG
Sponsor:	Brightwood Manor Tenant Assoc.	Closing Date:	May-02
Number of units:	39		
Project Type:	Acquisition - TP		

Project:	Edgewood III (Senior High-Rise)	Total Development Cost:	\$16,375,524
Location:	635 Edgewood Terrace NE	DHCD Funding:	\$3,300,000
Ward:	5	Source:	CDBG
Sponsor:	Edgewood Senior LP	Closing Date:	Nov-01
Number of units:	200		
Project Type:	MF Rehab/Rental		

Project:	Food & Friends Headquarters	Total Development Cost:	\$6,205,000
Location:	219 Riggs Road NE	DHCD Funding:	\$990,000
Ward:	5	Source:	CDBG
Sponsor:	Food & Friends	Closing Date:	Feb-02
Number of units:			
Project Type:	Community Facility		

Project:	Edgewood Terrace Child Develop. Center	Total Development Cost:	\$1,732,288
Location:	601 Edgewood Street NE	DHCD Funding:	\$983,000
Ward:	5	Source:	CDBG
Sponsor:	Edgewood Terrace Preservation Corporation	Closing Date:	Mar-02
Number of units:			
Project Type:	Community Facility		

Project:	Rhode Island Ave. Gateway/Dunlop Bldg.	Total Development Cost:	\$2,300,000
Location:	4th Street & R.I. Ave. NE	DHCD Funding:	\$100,000
Ward:	5	Source:	CDBG
Sponsor:	H Street CDC	Closing Date:	Mar-02
Number of units:			
Project Type:	Commercial Facility		

Project:	Shoppes at Eckington	Total Development Cost:	\$987,000
Location:	1900-1918 4th Street NE	DHCD Funding:	\$250,000
Ward:	5	Source:	CDBG
Sponsor:	ABC Fourth Street LLC	Closing Date:	Aug-02
Number of units:			
Project Type:	Commercial Facility		

Project:	Cross Roads Health Ministry (Additon. Funds)	Total Development Cost:	\$250,000
Location:	1201-03 Brentwood Rd. NE	DHCD Funding:	\$250,000
Ward:	5	Source:	CDBG
Sponsor:	Cross Roads Health Ministry	Closing Date:	May-02
Number of units:			
Project Type:	Community Facility		

Project:	Syphax Village (Additional Funds)	Total Development Cost:	\$175,000
Location:	1360 Half Street SW	DHCD Funding:	\$175,000
Ward:	6	Source:	CDBG
Sponsor:	Manna	Closing Date:	Feb-02
Number of units:			
Project Type:	Homeownership		

Project:	Golden Rule Community	Total Development Cost:	\$18,600,918
Location:	1050 New Jersey Ave. NW	DHCD Funding:	\$3,500,000
Ward:	6	Source:	CDBG
Sponsor:	Golden Rule Plaza, Inc.	Closing Date:	Apr-02
Number of units:	119		
Project Type:	MF New/Rental		

Project:	8th & H Street NE Retail/Office Development	Total Development Cost:	\$2,156,000
Location:	8th & H Streets NE	DHCD Funding:	\$1,000,000
Ward:	6	Source:	CDBG
Sponsor:	H Street CDC	Closing Date:	Jul-02
Number of units:			
Project Type:	PreDevelopment/Acquisition		

Project:	Arthur Capper HOPE VI	Total Development Cost:	\$950,000
Location:	601 L Street SE	DHCD Funding:	\$950,000
Ward:	6	Source:	CDBG
Sponsor:	DC Housing Authority	Closing Date:	Apr-02
Number of units:			
Project Type:	MF New/Rent/Ownership		

Appendix A: DFD Project List

Project:	Ft. Dupont Ice Arena (Additional Funds)	Total Development Cost:	\$477,992
Location:	3779 Ely Place SE	DHCD Funding:	\$60,060
Ward:	7	Source:	CDBG
Sponsor:	Friends of Ft. Dupont Ice Arena, Inc.	Closing Date:	Apr-02
Number of units:			
Project Type:	Community Facility		

Project:	El Presidente Tenant Association	Total Development Cost:	\$485,000
Location:	4715 & 4721 Texas Ave. SE	DHCD Funding:	\$450,000
Ward:	7	Source:	CDBG
Sponsor:	El Presidente Tenant Association	Closing Date:	Mar-02
Number of units:	27		
Project Type:	Acquisition - TPTAP		

Project:	Dupont Commons (WIN)	Total Development Cost:	\$15,000,000
Location:	B Street & Ridge Road SE	DHCD Funding:	\$4,255,000
Ward:	7	Source:	CDBG
Sponsor:	WIN	Closing Date:	Jul-02
Number of units:	147		
Project Type:	Single Family New /Owership		

Project:	George Washington Carver	Total Development Cost:	\$TBD
Location:	4700-4900 Blks East Cap St. NE	DHCD Funding:	\$275,000
Ward:	7	Source:	CDBG
Sponsor:	Tenants Association	Closing Date:	May-02
Number of units:	176		
Project Type:	MF Rehab/Rental - TPTAP		

Project:	Jeffery Gardens Apartments	Total Development Cost:	\$13,000,000
Location:	4201 7th Street SE	DHCD Funding:	\$500,000
Ward:	8	Source:	Disposition
Sponsor:	Jeffery Gardens Associates	Closing Date:	Dec-01
Number of units:	278		
Project Type:	MF Rehab/Rental		

Project:	Trenton Park Apartments	Total Development Cost:	\$11,862,090
Location:	3500-3649 6th Street SE	DHCD Funding:	\$1,750,000
Ward:	8	Source:	HPTF
Sponsor:	Trenton Park Apartments, LP	Closing Date:	Dec-01
Number of units:	259		
Project Type:	MF Rehab/Rental		

Project:	Walter Washington / HUD 202 Sr. Housing	Total Development Cost:	\$4,534,400
Location:	800 Southern Ave., SE	DHCD Funding:	\$950,000
Ward:	8	Source:	HOME
Sponsor:	HR Crawford/Edgewood Management	Closing Date:	Dec-01
Number of units:	45		
Project Type:	MF New/Rental		

Project:	Knox Apartments	Total Development Cost:	\$4,148,148
Location:	2400 Hartford Street SE	DHCD Funding:	\$270,000
Ward:	8	Source:	CDBG
Sponsor:	Triad Housing	Closing Date:	Dec-01
Number of units:	74		
Project Type:	MF Rehab/Rental		

Project:	Good Hope House	Total Development Cost:	\$1,140,679
Location:	1716 V Street SE	DHCD Funding:	\$300,000
Ward:	8	Source:	HOME
Sponsor:	Bethany, Inc.	Closing Date:	Sep-02
Number of units:	8		
Project Type:	MF Rehab/Rental		

Project:	Anacostia Community Service Center	Total Development Cost:	\$1,025,000
Location:	1649 Good Hope Road SE	DHCD Funding:	\$175,000
Ward:	8	Source:	CDBG
Sponsor:	United Planning Organization	Closing Date:	Apr-02
Number of units:			
Project Type:	Community Facility		

Project:	Far SE/SW CDC Atlantic Theatre Acquisition	Total Development Cost:	\$445,000
Location:	21 Atlantic Street SW	DHCD Funding:	\$445,000
Ward:	8	Source:	CDBG
Sponsor:	Far SE/SW CDC	Closing Date:	Apr-02
Number of units:			
Project Type:	Acquisition		

Project:	Plaza 8 (Additional Funds)	Total Development Cost:	\$120,000
Location:	522-524 Raleigh Street SE	DHCD Funding:	\$120,000
Ward:	8	Source:	CDBG
Sponsor:	East of the River CDC	Closing Date:	May-02
Number of units:			
Project Type:	Community Facility		

Project:	Chesapeake Apartments	Total Development Cost:	\$4,645,880
Location:	2-32 Chesapeake Street SE	DHCD Funding:	\$395,000
Ward:	8	Source:	CDBG
Sponsor:	Triad Housing	Closing Date:	Dec-01
Number of units:	78		
Project Type:	MF Rehab/Rental		

Project:	Camp Simms Pre-Development	Total Development Cost:	\$10,000,000
Location:	1500 Block Alabama Ave SE	DHCD Funding:	\$590,000
Ward:	8	Source:	CIP
Sponsor:	Congress Heights Redevelopment LLC	Closing Date:	Apr-02
Number of units:			
Project Type:	Commercial Facility		

Appendix A: DFD Project List

Project:	Walter Washington /Community Center		
Location:	828 Belleue Circle	Total Development Cost:	\$1,837,000
Ward:	8	DHCD Funding:	\$1,837,000
Sponsor:	Crawford/Edgewood Managers	Source:	CDBG
Number of units:		Closing Date:	May-02
Project Type:	Community Facility		

Project:	Henson Ridge (Frederick Douglas) HOPE VI		
Location:	Stanton Rd & Alabama Ave.	Total Development Cost:	\$
Ward:	8	DHCD Funding:	\$3,400,000
Sponsor:	DCHA/Mid-City	Source:	CDBG
Number of units:		Closing Date:	May-02
Project Type:	MF New Owner/Rental		

Project:	Hillsdale Housing		
Location:	2311 & 2315 Elvans Road SE	Total Development Cost:	\$281,279
Ward:	8	DHCD Funding:	\$33,835
Sponsor:	Anacostia Economic Development Corporation	Source:	CDBG
Number of units:	2	Closing Date:	Dec-01
Project Type:	MF New Owner		

APPENDIX B NDAP/CBSP PERFORMANCE MEASURES – FY 2002 FUNDED CONTRACTS

Anacostia Economic Development Corporation - \$425,417

Commercial District and Small Business Technical Assistance - \$83,054

- Outputs:
- 30 business plans
 - 15 completed loan applications
 - 10 certification applications
 - 40 group seminars/workshops
 - 150 clients counseled
 - Quarterly motivational speaker program
 - 12 public service announcements
 - Grant awards for storefront improvements
 - Finance for storefront improvements
 - Promotion of Town Center area
 - Reorganize merchant's association

Façade Improvement and Infrastructure - \$294,290

- Outputs:
- Completion of façade improvement program, 1800-2300 block of Martin Luther King, Jr. Avenue, S.E. and 1100-1800 Good Hope Road, S.E.

Youth Initiatives - \$48,073

- Outputs:
- Enroll 40 students
 - Provide training in MS Windows/Internet
 - Complete 40 business plans
 - Provide mentoring
 - Obtain summer internships
 - Hold student graduation exercise

Central American Resource Center - 101,699

Tenant/Housing Counseling - \$101,699

- Outputs:
- Deliver workshops to 15 tenant associations
 - Finalize incorporation process for 7 tenant associations
 - Increase coordination between 15 tenant associations and private and public housing agencies
 - Provide counseling to 40 potential homebuyers
 - Provide a model for low-income homeownership
 - Provide legal assistance/support to 40 individuals

Cultural Development Corporation - \$30,000

Commercial District and Small Business Technical Assistance - \$30,000

- Outputs:
- Deliver 3 workshops
 - Create information tools
 - Provide technical assistance to individual artists
 - Provide facilities consulting to 25 organizations
 - Provide arts-related technical assistance to developers

Development Corporation of Columbia Heights - \$444,300

Commercial District and Small Business Technical Assistance - \$255,240

- Outputs:
- Develop industry-specific improvement programs
 - Assist local minority businesses and merchant association
 - Provide organizational development seminars
 - Provide 3 entrepreneurship workshops
 - Provide technical assistance to 30 businesses and walk-in clients
 - Produce various marketing and outreach materials

Job Training/Employment - \$189,060

- Outputs:
- Train 75 residents
 - Place 150 residents in jobs
 - Provide retention activities
 - Produce marketing and outreach materials
 - Attract 15 new employers into partnerships

East of the River Community Development Corporation - \$270,000

Commercial District and Small Business Technical Assistance - \$142,800

- Outputs:
- Enroll 5 businesses in Living Wage Program
 - Conduct various marketing and outreach activities
 - Organize 5 business/TA workshops
 - Provide business training

Façade Improvement and Infrastructure - \$43,200

- Outputs:
- Renovate 3 facades at 3023, 3025 and 3027 Martin Luther King Jr. Boulevard

Youth Initiatives - \$84,000

- Outputs:
- Coordinate 3 college/career workshops
 - Provide higher education technical assistance and academic preparation
 - Conduct college tours
 - Conduct various marketing and outreach activities
 - Conduct summer chess camp

H Street Community Development Corporation - \$576,000

Façade Improvement and Infrastructure - \$576,000

- Outputs:
- 40 commercial façades renovations

HomeFree USA - \$1,398,776

Single Family Rehabilitation Demonstration - \$1,398,776

- Outputs:
- Marketing to 56 households
 - Pre-qualify 40 households
 - Inspect 30 units
 - Obtain 25 approved contracts
 - Underwrite and close 20 loans
 - Complete 20 projects

Inner Thoughts, Inc. - \$199,430

Job Training/Employment - \$199,430

- Outputs:
- Conduct job fair and outreach
 - Conduct job readiness training and entrepreneurial classes
 - Place 50 participants in jobs and provide job retention services

Just U Wait N See, Inc. - \$300,000

Tenant/Housing Counseling - \$100,000

- Outputs:
- Coordinate homebuyer club activities
 -

Job Training/Employment - \$200,000

- Outputs:
- Recruit 200 residents to program
 - Assess 150 persons
 - Develop 100 Individual Employment Plans
 - Provide job readiness training, personal responsibility training, and career development training to 80 persons
 - Place 80 persons in jobs

Marshall Heights Community Development Organization - \$ 817,479

Commercial District and Small Business Technical Assistance - \$69,197

- Outputs:
- Direct business counseling to 150 business owners and start-ups
 - Provide technical assistance through vouchers to 10 businesses
 - Provide business start-up/expansion to 10 businesses
 - Refer 10 businesses to SBA
 - Close 2-4 MHCDO mini loans
 - Refer 2 businesses for SBA loans
 - Refer 2 businesses for conventional loans
 - Conduct various marketing and outreach activities

Façade Improvement and Infrastructure - \$720,000

- Outputs:
- Complete 50 façade improvements at Stop & Shop, East River Park, Greenway Shopping Center

Tenant/Housing Counseling - 28,282

- Outputs:
- Complete 2 cycles of homebuyer training
 - Refer 20-30 clients for credit/mortgage counseling
 - Enroll 7-10 homebuyer club graduates into an IDA Program
 - Help 2-4 IDA members purchase homes
 - Various marketing and outreach activities

North Capitol Neighborhood Development, Inc. - \$909,015

Commercial District and Small Business Technical Assistance - \$114,038

- Outputs:
- Provide technical assistance to 20 businesses around Convention Center
 - Produce Guidelines and Procedures manual for WCCA Grants Program
 - Package and qualify 8 businesses for emergency funding
 - Provide business expansion training to 10 businesses
 - Develop marketing strategy
 - Provide direct TA, referrals, counseling for 120 clients
 - Conduct 11 small business workshops
 - Deliver loan packaging services or financial assistance referrals for 10 clients

Façade Improvement and Infrastructure - \$745,969

- Outputs:
- 31 façade improvements for 9th Street, N.W.
 - 21 façade improvements for Bloomingdale

Youth Initiatives - \$49,008

- Outputs:
- Provide community arts/music workshop for 20 students
 - Provide community arts/publishing workshop for 20 students

Wheeler Creek Estates Community Development Corporation - \$125,671

Commercial District and Small Business Technical Assistance/Job Training - \$125,671

Outputs:

- Enroll 25 participants
- 15 enrollees complete training
- 15 trainees placed in jobs
- Provide outreach to 20 merchants
- Complete business training for 10 merchants

APPENDIX C HOMELESSNESS AND THE CONTINUUM OF CARE

- Homelessness in the District of Columbia..... page 69
- Progress Against Five-Year Strategic Goals page 74
- Continuum of Care page 79

Homelessness in the District of Columbia

"Homelessness in America is a 'revolving door' crisis. Many people exit homelessness quickly, but many more individuals become homeless every day....Homelessness stems from desperate poverty combined with unaffordable housing in communities too strapped to support their most troubled members....Personal difficulties, such as mental disabilities or job loss, increase vulnerability to homelessness, but they cannot explain the high number of people who fall into homelessness every year. And housing market trends indicate that the situation is getting worse rather than better."

"What Will It Take To End Homelessness?" Dr. Martha Burt, The Urban Institute, September 2001

Census 2000 revealed that there are about 109,500 persons living in poverty in the District of Columbia.³⁴ Homeless people come out of this community of poor persons. To respond to the housing crises and other needs of the extremely poor, the District government and private providers have built one of the largest homeless shelter and service systems in the nation.³⁵

Taking into account emergency shelters, transitional housing and the stock of permanent supportive housing for persons with disabilities, the District's homeless Continuum of Care - public and private - has about 8,500 beds for men, women, youth and persons in families. There are others that do not have a roof at all - about 350 adults living in the streets and an estimated 925 persons in families living in precarious and unstable housing every day. Thus an estimated total of 9,775 are either homeless without a roof over their heads, homeless under a roof they may lose any day, or living under a roof supplied by the Continuum of Care. The 9,775 are 8.9% of people living in poverty, which means that slightly more than 1-in-11 of the District's poor people is either literally homeless or residing in the homeless system every day.³⁶

Many more poor people are using homeless services at some time over the course of a year. The Community Partnership receives reports from programs that represent about 63% of the total Continuum of Care bed capacity and recorded the following use of emergency shelter, transitional housing or permanent supportive housing in FY 2001.

³⁴ "2000 Census Numbers Reveal Higher Poverty Numbers in the District and by Ward and Neighborhood Cluster," DC Agenda, October 2002. http://www.dcagenda.org/pages/pdf/m_dc_agenda_poverty.pdf

³⁵ See *Evaluation of Continuums of Care for Homeless People, Final Report*, U.S. Department of Housing and Urban Development, May 2002, p. 36.

³⁶ See The Community Partnership "Facts on Homelessness" at http://www.community-partnership.org/documents/Homeless_Facts-2002.pdf

- 8,574 Men
- 2,736 Women
- 23 Unaccompanied youth³⁷
- 3,651 People in homeless families (1,133 families), including
- 2,351 Children

The numbers total to 14,984.³⁸ However, the number is inflated due to duplicate counting of persons that use several shelters or use different levels of the Continuum of Care over the year. When the emergency shelter count is “unduplicated” (i.e., corrected to take out duplicates) The Community Partnership estimates that the programs it monitored in FY 2001 served 13,480 persons. Moreover, if at least one person (it was likely more) used one of 2,870 beds in private programs that do not report to The Community Partnership in 2001, the estimate of persons who were homeless at some time last year rises to 16,350, representing 15% of all poor people in the city. Put another way, this means that more than 1-in-7 of all poor people in the District experienced being homeless for some period of time in 2001. For most it was a brief period, but for about 12% of the population (about 2,000 persons) homelessness is a chronic condition.

A Continuum of Better Services and Focus on Long-Term Outcomes

The FY 2001 - 2005 Consolidated Plan the District reaffirmed an existing District strategy to address the needs of its dependent populations, including the homeless and other special need populations (e.g., the frail elderly, chronically mentally ill, drug and alcohol abusers, and HIV infected). The strategy got underway in FY1995 with the “D.C. Initiative,” a special partnership between the District, the U.S. Department of Housing and Urban Development (HUD), and The Community Partnership for the Prevention of Homelessness. The D.C. Initiative’s central purpose was to address the needs of homeless persons and families by moving beyond an emergency shelter system and toward the creation of a comprehensive “Continuum of Care.” In March 1999 the D.C. Initiative ended, having more than exceeded its performance targets. The Department of Human Services, after a year long and broad based post-D.C. Initiative strategic planning process, decided to continue the Continuum of Care strategy through a 5-year grant (FY 2000-FY 2004) to The Community Partnership.

The publicly funded homeless system has changed significantly since FY1995. Through a combination of increasing and re-allocating District funds over that time, as well as adding substantial new federal funds won through national competitions, the system is both larger and more balanced between emergency care and programs that provide longer-term assistance through transitional and permanent supportive housing.

Emergency 12- and 24-hour shelter for adults, youth and families has been reduced by about 5% (from 3,089 to 2,946 beds), and now represents 48% of the system, with new transitional and permanent housing beds added that now make up 52% of the system.

In addition to changing the kinds of facilities it offers and offering deeper services to help homeless people achieve independent or self-directed living, the Continuum of Care operating in FY 2002 is larger by 58% in beds and units capacity when compared to beds and units

³⁷ This figure does not represent all homeless youth, only those from one emergency shelter program (Sasha Bruce Youthworks) reporting to The Community Partnership.

³⁸ “Children” are counted within “homeless families.”

available in FY1995. Reflecting the increased demand by homeless families, the growth has been concentrated in programs that serve families. See Table 12.

Table 30: Changes in the Number and Percentage Distribution of Beds						
	FY 1995		FY 2002			
	n	%	n	%		
Emergency 12-24 shelter (beds)	3,089	80%	2,946	48%		
Transitional Shelters & Housing (beds)	600	15%	1,548	25%		
Permanent Supportive Housing (beds)	195	5%	1,654	27%		
Totals	3,884		6,148			
Emergency 12-hr overnight shelter (beds)	1,169		731			
as percent of total	30%		12%			
COMPARISON OF UNITS & BEDS SUPPORTED BY PUBLIC FUNDS/ DC, HUD & HHS						
	FY 1995			FY 2002		
	Adults & Youth	Families	Total	Adults & Youth	Families	Total
Beds	3,115	769	3,884	3,528	2,620	6,148
Units		233			794	
GROWTH IN PUBLICLY-FUNDED CONTINUUM OF CARE SINCE FY 1995						
				n		%
Growth in adults & youth (beds)				413		13%
Growth in family units				561		241%
Growth overall in public Continuum of Care (beds)				2,264		58%

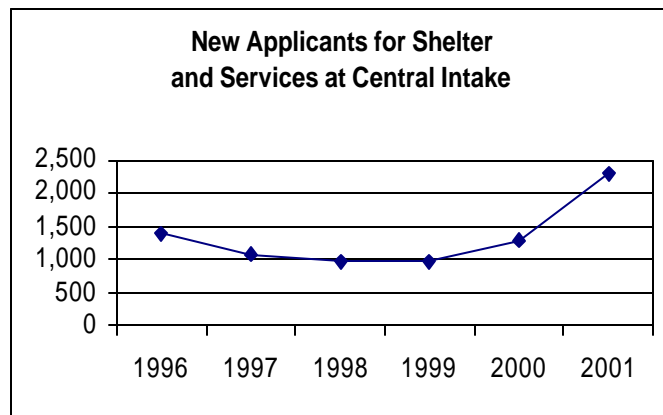
B. Managing an Increasing Number of Families Seeking Shelter and/or Services

Over the course of FY 2000 and FY 2001 the District and Community Partnership made significant changes in family central intake and in the family shelter system. Central intake added more intake workers and case managers and began offering a variety of options for families, including immediate access to emergency shelter for those who needed it, hotel vouchers, direct placement in community-based housing with case management support, emergency cash assistance for rent and utilities to prevent homelessness, housing counseling, employment services and substance abuse counseling. At the same time the decision was made to keep the 50-unit DC Village family shelter open year-round instead of just the winter season in order to provide immediate access to shelter for families without any place to live.

Since those changes occurred two things have happened: 1) more families are being placed in shelter and housing; and 2) many more families are coming to central intake seeking shelter and/or some other kind of assistance. For families in trouble, central intake has become "the light under the door" that tells them someone is inside who may be able to help them with their crisis, and they are moving toward that light.

As a result of these changes, The Community Partnership believes that it is measuring better than ever the level of need that exists for poor families experiencing housing, financial and

various sorts of personal crises - to the point that they come seeking shelter and other services that are available from the homeless system.



The table shows that the trend in families seeking shelter and other services at central intake over the past two years has risen sharply from 962 families in 1999 to 2,278 in 2001 (an increase of 137%).

An average of 9-10 families seeks shelter or other services every business day of the year, but less than one of these needs an immediate placement in shelter. Over 90% of applicants have some place to live while they await

placement in a shelter or transitional program, and emergency shelter is available and prioritized for the 10% who present themselves to central intake without any place to stay and need an immediate placement.

With respect to how the District and Community Partnership have responded to families, the strategy has involved the creation of more programs to meet long-term needs and a build-up of units to respond to emergency needs. Since 1995 (as the table shows) the District has developed 714% more transitional and permanent housing units for families as it also increased family emergency shelter units by 91%.³⁹

Family Continuum of Care Changes 1995-2002			
	FY 1995	FY 2002	% Change
Emergency shelter and housing (units)	177	338	+ 91%
Transitional and permanent housing (units)	56	456	+ 714%

Where the Money Comes From

The District and The Community Partnership use local resources to address a variety of homeless needs, with most local funds going to emergency services, and to leverage additional resources from HUD through competitive and block grant funds to build transitional and permanent housing capacity.⁴⁰ In addition to DHS funding, The Community Partnership has a \$2.4 million contract with the Department of Mental Health to manage the Home First II community-based housing program for mentally ill persons. It receives and manages about \$10 million annually from HUD's Supportive Housing Program (SHP) and Shelter Plus Care (S+C) programs, and continues seeking more such funds very year in the SuperNOFA application. DHS passes through funds from the HHS Domestic Violence formula grant to

³⁹ One might ask why number of families served in 2001 is up by 33% over 1996 while the number of family units in 2002 is up by 241% since 1996. There are two reasons for this: 1) the 241% increase includes new units coming on line in FY 2002 that reported no numbers served for the past year; and 2) turnover is much less in transitional programs (most of which allow two years), and is very little at all in permanent supportive housing. Thus there is not a 1:1 ratio of new units brought on line to the numbers of families served.

⁴⁰ For the past five years HUD has ranked (for the purpose of awarding its competitive funds) the District's Continuum of Care as among the top 10% of all such systems in the nation.

support domestic violence shelters. There are other funds in use - providing for facilities management, rental of shelter properties, and capital improvements - and District government has the full picture of these. Strictly from the Community Partnership's vantage point, the revenues are presented below.

Projected FY 2002 Continuum of Care Revenues		
Department of Human Services	\$17,708,900	
Department of Mental Health		\$2,400,000
HUD/ SHP and S+C		\$10,165,709
HUD/ Emergency Shelter Grant		\$805,350
HHS/ Domestic Violence		\$420,000
Totals	\$17,708,900	\$13,791,059

What the Money Supports

The Community Partnership manages and plays a vital part in funding a portfolio of programs that shelter and house about 6,000 people daily. In addition, in FY 2001 about 2,000 persons on the street were served by nine outreach agencies, 250 families and 90 adults averted homelessness through rent and utilities prevention grants, three programs provided employment and training services for 300 families and 900 adults, and two programs provided daycare services for 129 children.

District DHS funds are allocated principally to emergency services. Seventy-two percent (72%) of the FY 2002 DHS budget is allocated to emergency beds, prevention activities, street outreach, and crisis intervention and hypothermia season services, while 93% of federal funds managed by the Community Partnership will be supporting transitional and permanent housing.

On a daily basis about 32% of *all publicly funded beds* are occupied by families and unaccompanied youth, and the other 68% are occupied by adults.⁴¹ About 39% of *all funds* (local and federal) support programs for families and youth. When considering District DHS funds separately from DMH and federal funds, about 47% of the DHS budget goes to support families and youth.

Percent of total FY 2002 Community Partnership budget for families and youth	
Total family & youth spending (DHS, DMH & federal contracts) =	\$12,462,658
As percent of total budget (DHS, DMH & federal contracts) =	39%
Total family & youth spending (DHS funds only) =	\$8,353,000
As percent of DHS budget =	47%

⁴¹ The 1996 National Survey of Homeless Assistance Providers and Clients (NSHAPC), by the federal Interagency Council on the Homeless, showed 34% of homeless service users as members of homeless families. The 32% figure reported here is within the *public* system. On a citywide basis the percentage of families would be higher since the privately funded inventory includes at least another 126 transitional housing units for families; thus the percent of persons in families would exceed the national average reported by the NSHAPC study.

Moving Toward the End of Homelessness in the District

The District has accomplished a great deal in building a public and private Continuum of Care. According to a HUD study released in May 2002, the District had the highest number of beds per 10,000 persons in poverty of the 25 cities and counties that the study covered, higher than comparable metropolitan areas like Boston and San Francisco.⁴² However, the District does not consider the perpetuation of a homeless system, however large, to be the proper strategy.

Instead the District has taken steps toward designing a 10-year plan to end homelessness. Long term objectives are to create 3,000 units of affordable housing for adults, many of whom are chronically homeless persons with disabilities, and 3,000 units for families with special needs.

Progress Toward Five-Year Strategic Goals

The District has achieved many of the goals it established in the FY 2001-2005 Consolidated Plan. These achievements are listed below.

Implementing a management information system and requiring standardized intake and assessment to be done for all adults and families.

The District has put a management information system for tracking the homeless into place. It is a web-based product called Service Point from Bowman Internet Systems. The system is still in "rollout" because there are over 70 programs learning it, but in FY03, the Community Partnership for the Prevention of Homelessness (the Partnership) expects to be able to take most if not all its client tracking & client demographic data off the system. The HMIS gives the Partnership a standard tool by which to record intakes and assessment data.

Increased collaboration between the Continuum of Care and the District's mainstream agencies dealing with health, mental health, employment, corrections, housing, welfare, and family services.

The District has increased collaboration between the Continuum of Care and many District agencies. Particularly, there is a great deal of interagency coordination during the winter to get people off the streets during hypothermia alerts. Both the Department of Mental Health and the Department of Human Services have provided funding for housing and capital improvements. In addition, One of the planning work groups -Legislative and Regulatory Affairs - is recommending that new homeless legislation to support a CoC include a cabinet level interagency council.

Dedicating multi-year Continuum of Care funding to support housing-based models of service delivery that will (a) increase the likelihood of dedicated mainstream public sector investments and (b) leverage additional private sector grants and loans.

DHS made a \$81 million 5-year grant agreement with the Partnership for FY00 through FY04 and that has introduced a lot more predictability to the homeless budget. However, there still have no certainty that the Partnership will get what the full amount needed.

⁴² p.36, *Evaluation of Continuums of Care for Homeless People, Final Report*, U.S. Department of Housing and Urban Development, May 2002.

Increasing the availability and quality of case management services in all programs, thus reducing lengths of stay and increasing numbers of persons who can be served.

This has largely occurred. Every major overnight shelter has included 24-hour programming with case management over the past four years. The Partnership added substantial new case management capacity to the family system at central intake, DC Village, a new transitional program and the Community Care Grant program that moves homeless families directly to housing under the care of neighborhood Family Support Collaboratives.

The Partnership does not yet have a comparison on length of stay for adults and families in FY 2002 as compared to FY 2001, but they estimate that it dropped since many more families were served with about the same number of units. In 2001, the average length of stay for adults was 43 days and it was 186 days for families. In FY02, the Partnership served about 30% more families with emergency shelter than they did in FY 2001, and they served about 17% more adults in emergency shelters in FY 2002 than they did in FY 2001. The Partnership is waiting until all cases are fully and accurately entering data in the HMIS before developing final numbers regarding length of stay.

Creating programs, supportive services, and financing products that will engage more community- and faith-based organizations in the provision of smaller neighborhood-friendly emergency shelter, transitional housing, and permanent supporting housing.

Also, Reducing dependency on large shelters and "set apart" housing for homeless persons; increasing the integration of Continuum of Care programs with mainstream community-building efforts.

The Partnership has done this in several specific ways. It created the Community Care Grant program, which is a collaboration with the CFSA-sponsored community based family support programs. The program it has grown steadily over the past three years, serving 206 families in FY 2002 as compared to 134 families in FY 2001. The Partnership also established new church based shelters during the hypothermia season in FY 2002 and these will continue into FY 2003. It is supporting scattered site permanent supportive housing for disabled persons through the Home First II and Shelter Plus Care programs, which combine provided permanent housing for 127 families (with 383 persons) and 603 men and women with disabilities such as mental illness, HIV/AIDS and substance abuse (or dual diagnosis). The Partnership provided grants to a faith based organization under its Community Innkeeper program to fund two homes in Ward 3 that house 10 mentally ill persons. It uses the Special Outreach Program to move 30 persons on the street into scatter site housing with follow-up support services.

Structuring a near-term transitional period in which existing emergency shelter services remain in operation as alternative capacity is being developed.

The major accomplishment of the past year was to outline a 10-year plan to end homelessness, including preliminary timelines (see tables in the following Continuum of Care description), that will upgrade existing shelter stock even as it replaces some of that with 3,000 SRO units. The Continuum of Care Single Adult Workgroup has endorsed the new emphasis on housing.

Linking Continuum of Care housing investments - projected at \$20 million over five years, including the Commission (now Department) on Mental Health Service's "Home First" program - to the District's economic and neighborhood development.

Home First (a joint project of the Partnership and DMH) program is now fully functional, and the \$2 million in annual rents is going into scatter site housing stock. DMH still has \$15 million scheduled to go out through Cornerstone Inc. and Four Walls Development to fund housing renovation for mentally ill people. In addition,

- The Department of Mental Health has produced 330 units of its 850-units housing goal for SMI persons by FY03; it has \$15 million in capital funds committed to continue this work and expects that 200-250 of the 850 units will go to homeless clients; all units will help with preventing homelessness among poor SMI persons.
- The \$4.7 million is scheduled for the DHS FY 2003 capital budget and will be targeted to finding new sites for, renovating and/or replacing worn out emergency shelter stock -- Crummel Shelter, La Casa Shelter, Randall Shelter and the CCONV/Federal City Shelter renovations.
- In a few cases with the Shelter Plus Care program (such as Veronica's House operated by the Community Council for the Homeless at Friendship Place), the commitment of S+C rent subsidies has leveraged private financing to purchase and rehab housing.

Increasing prevention services to keep adults in their housing.

In FY01, the Partnership provided prevention funds (rent & utility assistance) to 89 adults. In FY02, it made 134 prevention grants to adults.

Increasing outreach services to those persons who remain in the streets.

Outreach agencies reported serving 2,191 persons on the street in FY02 (a duplicated number since some people are reached by more than one agency). The Partnership added 6.5 FTE outreach workers (two of them bilingual) to agencies going into the streets, and it added two additional outreach vans, one handicap accessible, to the UPO Shelter Hotline that transports to shelters.

Replacing surplus schools as an emergency resource.

Randall and Crummel are two of the schools to be replaced. The decision has been made to hold on to Madison School as shelter for women and Blair School as a transitional drug recovery shelter for men.

Converting all shelters to 24-hour operation.

This objective was abandoned due to two factors: 1) the budget not sufficient to run all sites at 24 hours; and 2) the trailer shelter facilities do not have the space within them to run 24-hour programming.

Improving services at the Federal City Shelter, integrating the site with other adult services.

This has occurred in several ways. One, CCNV is now a regular participant in the Single Adult Workgroup and communicates regularly with other adult shelter providers in that manner. Two, the District/DHS concluded a new Use Agreement with CCNV that requires them to offer supportive services to all clients and to collaborate more fully with the four service providers on site - JHP, Inc. (employment), Unity Health Care (primary medical care), DC Central Kitchen (job training) and Clean & Sober Streets (drug recovery). CCNV has implemented a management information system (C-Star) to track its clients and has instituted length-of-stay limits. This past year CCNV hired a Case Management Director and will build up its case management program as funds permit.

Increasing affordable housing and support services for mentally ill adults.

See the discussion of "Home First", above.

Creating a medical bed 24-hour emergency shelter for women.

The Partnership funded six new beds for women at Christ House.

Expanding capacity to serve homeless youth.

Covenant House has added capacity over the past two years, but the Partnership and DHS were not been able to fund new youth shelters, since the providers were not ready to go when the funds were available.

Creating the capacity to serve homeless teens with children.

This goal has not yet been achieved, due to budget constraints.

Increasing prevention services to keep families in their housing.

In FY01, the Partnership provided 215 families with prevention grants. In FY02, that went up to 288 families.

Increasing the availability and variety of emergency shelter, including new programs that will offer short stays for families in immediate need and apartments for larger families.

Also, Developing more options for families seeking shelter that will allow all families to be offered tangible and appropriate assistance within 30 days of initial contact; thus creating the means to reduce and perhaps eliminate the waiting list for family shelter.

Also, "De-coupling" the provision of housing and case management services for families to (a) attract more community-based and faith-based family services agencies; (b) obtain high quality, market rate rental housing; and (c) limit stays to 120 days of intensive services and increase the numbers of families served annually.

The Community Partnership made significant changes in family central intake and in the family shelter system. Central intake added more intake workers and case managers and it began offering a variety of options for families, including immediate access to emergency

shelter for those who needed it, hotel vouchers, direct placement in community based housing with case management support, emergency cash assistance for rent and utilities to prevent homelessness, employment services, housing counseling and substance abuse counseling. At the same time the decision was made to keep the 50-unit DC Village family shelter open year-round instead of just the winter season in order to provide immediate access to shelter for families without any place to live.

Eliminating the waiting list and provide families with appropriate and immediate responses to emergency needs.

The Partnership no longer has a waiting list based on chronological application for shelter and then first come, first served for available units. Central intake practices a triage approach based on identifying those with the greatest need. They then keep an open set of cases ("application pending") where the family itself has to be actively seeking a solution to their crisis (assisted by a central intake case manager) rather than just "waiting" for a unit.

The following material is excerpted from the Community Partnership for the Prevention of Homelessness' SuperNOFA application, submitted to the U.S. Department of Housing and Urban Development on June 21, 2002.

Continuum of Care Narrative

Continuum of Care's accomplishments over the past 12 months

Over the past year the District government has made substantial progress toward outlining a 10-year plan to end homelessness, built upon CoC stakeholders' recommendations presented to the city in September 2001. The first objective is to replace, modify, remodel or repair seven outworn emergency shelters that provide 1,684 beds⁴³ and to provide high quality, low-barrier facilities for the most vulnerable of homeless persons. Long term objectives are to create 3,000 units of affordable housing for adults, many of whom are chronically homeless persons with disabilities, and 3,000 units for families with special needs. Some first steps have been taken to implement the plan:

- The District's HMIS is online at 71 programs with 3,915 beds; 10,639 unduplicated records to date in FY02.
- \$4.7 million in capital funds for the Department of Human Services (DHS) are committed for FY03, the first installment of \$20 million for capital improvements to the CoC that are planned over the next five years.
- The Department of Mental Health has produced 330 units of its 850-units housing goal for SMI persons by FY03; it has \$15 million in capital funds committed to continue this work and expects that 200-250 of the 850 units will go to homeless clients; all units will help with preventing homelessness among poor SMI persons.
- A trailer shelter for 126 women was closed in September 2001 and the women were moved to a renovated space inside the Federal City Shelter until a replacement facility is constructed downtown by FY04.
- Plans are being finalized to close the trailer shelter for 144 men at MLK Jr. Ave. SE by renovating the former HQ of DHS on the grounds of St. Elizabeth's Hospital; the renovated facility scheduled to be ready in FY03.
- The District has committed to supporting the development of a 427-bed SRO for homeless veterans on the grounds of the U.S. Soldiers and Airmen's Home, a project of US Vets with support from the VA.
- The District has begun to take vacant/abandoned properties to develop as affordable placements for families.
- This past winter a Mayor's Order went into effect requiring collaboration between the police, outreach workers, the Department of Mental Health and the Department of Health (which runs the city's detox center) to compassionately remove inebriated and mentally ill persons from the street during hypothermia alerts.
- The District passed landmark legislation that funds its Housing Production Trust Fund, tied to a 15% share of real estate transactions and recordation fees, which is expected to yield \$11-\$20 million annually for affordable housing, with 60% of the funds targeted to very- and extremely-low income households.
- The Legal and Regulatory Affairs Workgroup is nearing completion of a comprehensive CoC legislative package that, subject to final approval by DHS and Deputy Mayor Graham, will go to the City Council.

⁴³ A hypothermia shelter facility (150), a trailer shelter at MLK Jr. Ave. SE (144), a trailer shelter at Crummel School (144), Randall Shelter (170), a trailer shelter and building at La Casa Shelter (130), a new women's shelter downtown (126), and the Federal City Shelter (820 beds including the Clean & Sober Streets program).

- The District will provide \$7.3 million in FY03 for the Interim Disability Assistance program that will prevent homelessness by extending District assistance to disabled persons who are awaiting SSI and SSDI approval.

1. **Your community's Continuum of Care goals and system under development.**

- a. Provide a **brief** summary (no more than 2 pages) of: (1) your community's strategy for ending chronic homelessness, including any progress made over the past year that would contribute to this goal; and (2) the remaining obstacles to achieving this goal. See HUD's working definition of **chronic** homelessness in the Questions and Answers Supplement, Section F. (*Your response will not count toward your 25-page limitation.*)

The target: HUD defines a chronically homeless person as an "unaccompanied disabled individual who has been continuously homeless for over one year." Partnership length-of-stay data show that about 10% of those who use emergency shelters are chronically homeless, either staying full time or entering and exiting shelters repeatedly over several years. To this number should be added those who stay year-round in the streets. Since about 8,000 persons used public emergency shelters in FY 2001, the Partnership estimates 800 chronically homeless among these emergency shelter users. There are about 600 persons at a point in time living in the streets, of which about 71% (according to the 2002 point in time enumeration) are disabled by substance abuse, mental illness or both. While these persons may use shelters off and on, for the most part they stay out of shelters and thus they are used as another basis for estimating the number of chronically homeless persons. The Partnership thereby concludes that at least 71% of the 600 "street homeless" (425 persons) should be added to the estimate of 800 chronically homeless in shelters. That brings the total estimate of chronically homeless to 1,225 persons.

The case for supportive housing rather than shelter for the chronically homeless: Data from the District's public emergency shelters have shown that 48% of shelter bednights are consumed by the 10% of shelter users who stayed longer than six months. This is a common pattern observed in many cities and suggests that the chronically homeless are using emergency shelters as year-round "housing." It also suggests that housing such persons with appropriate supportive services could allow the District to downsize the emergency shelter system, given that the average length of stay for all emergency shelter users is 45 days. A fewer number of emergency beds that turn over eight times a year would still provide the capacity to handle the true emergency needs of the people for whom homelessness is a short-lived experience. Resources can then be moved to more permanent housing. At the same time the provision of supportive housing for the chronically homeless will provide a better quality of life for these persons and cost about the same in public services as keeping them on the streets or in emergency shelters.⁴⁴

1. *The District's strategy to end chronic homelessness* has the following four parts:

- *Improving Street Outreach:* Mayor's Order 2001-161, issued October 31, 2001, mandates aggressive protection of "vulnerable homeless people living in exposed, unprotected areas." As a result, more than half of the estimated 600 "street homeless" were sheltered each night during the 2001-2002 winter through stepped-up outreach and District interagency collaboration. DHS senior staff, other city agencies providing mental health and substance abuse services, faith-based organizations and the *Hypothermia/Hyperthermia Workgroup* will be working together year-round, and conferring weekly during the cold season (as they did this past winter), to achieve the full intent of the Mayor's Order, thus bringing even more chronically homeless inside where they can be engaged in services. Also, extensive outreach to the "street homeless" has been achieved downtown and along the affluent commercial corridors of the city, but areas in the city's outer reaches are not as well covered. The

⁴⁴ See "The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections and Emergency Shelter Systems: The New York-New York Initiative," by Culhane et al, published by the Fannie Mae Foundation.

Homeless CoC Workgroup has recommended an Anacostia multi-service center for the “street homeless”, similar to the successful service center operated by the Downtown Business Improvement District, to be located in the business district east of the Anacostia River.

- *Improving/replacing outworn emergency shelters*: The District’s 10-year plan will replace, modify or renovate seven outworn and inadequate emergency shelters that now provide 1,684 beds on a low-barrier, first come-first served basis. It is critical to offer low-barrier access to shelters but at the same time improve both the physical facilities and the services available to persons who use the shelters. The improvements in physical space will help bring chronically homeless persons inside, and improvements in services will help them move beyond shelters. Density will be decreased, more privacy offered, and the new state-of-the art shelters will have office spaces where mainstream District services (mental health, substance abuse, employment, housing) can be offered on site. Progress made this past year included shutting down a trailer-style shelter for 126 women. They were moved to newly renovated space at the Federal City Shelter. A downtown parcel of land was acquired and design work has begun on a women’s SRO. The city’s Capital Improvement Plan committed \$6.43 million in capital funds to begin improvements to and replacement of low-barrier shelters (see next item).
- *6,000 units of affordable housing over the next ten years*: Under the leadership of the Deputy Mayor for Children, Youth, Families and Elders, the Departments of Human Services, Mental Health, Health, Housing and Community Development, as well as the DC Housing Authority and Housing Finance Agency, will collaborate to produce 3,000 SRO units and 3,000 units of housing affordable to low income families. The District’s plan will ensure that 2,000 of these will be service-enriched supportive housing to bring inside the estimated 1,225 chronically homeless as well another 775 adults who are episodically homeless. That will leave 1,000 units of affordable SRO housing for adults that will help extremely low-income (but not disabled) adults to stay out of the shelters. The plan proposes using the District’s Vacant and Abandoned Properties Initiative to acquire suitable properties for development, and for supporting the development of 475 SRO units for homeless veterans at the US Soldiers and Airmen’s Home (a project for which the sponsor US Vets already has a commitment from the VA). The DMH housing initiative is expected to add 187 more units for severely mentally ill homeless by the end of FY03. The District’s Housing Production Trust Fund is will provide \$11-\$20 million annually, 60% of which is targeted to housing production for city residents with very- and extremely-low incomes. Local dollars will be leveraged with McKinney funds and other federal funds such as HUD §§811, 202, 8 and Annual Contribution Contracts.
- *Continued improvements of mainstream public systems*: Over the past year the *Department of Mental Health* has reorganized to deliver services through community-based “core service agencies” (CSA’s) funded by a Medicaid Rehab Option. Three of the new CSA’s have a strong focus on the homeless population. DMH plans to add 850 new housing units over the next three years, financed by \$13 million in capital funds and a \$2 million grant, to meet the needs of 1,000 consumers with priority housing needs – many of these homeless consumers. The *Mayor’s Task Force on Substance Abuse Prevention, Treatment and Control* has issued a plan that calls for reducing the number of addicted persons in the District by 25,000 by the year 2005. The plan calls for expanding admissions for treatment by 2,500 persons annually, a factor that should make it easier for homeless addicts to access services. Finally, the three publicly funded housing entities (*DHCD, DCHA and DCHFA*) are gearing up to take advantage of the new resources offered by the Housing Production Trust Fund, creating new means to distribute the Trust resources to qualified nonprofit and for-profit developers who are expected to develop 1,000-2,000 units of affordable housing annually.

2. *Remaining Obstacles*

- *The city will be challenged to finance the 10-year plan while maintaining the District's current CoC at about \$17 million annually during the transition.*
- *The city and the homeless providers will be challenged to work together to gain community support while securing the new sites.*
- *Chronically homeless substance abusers present a special challenge and much work must go into devising an effective coordinated strategy.*
- *There will be a challenge in engaging developers in working with the CoC to produce the requisite housing. The Housing Production Trust Fund will provide an incentive.*

- b. Describe your specific future-oriented goals, and specific action steps for each to be undertaken over **the next 18 months** in carrying out a strategy to end **chronic** homelessness in your community. Specify the entity that has the lead responsibility for success or failure in carrying out each step and provide specific target dates for completion. Be sure to include among your goals/action steps each of the plans for housing and services mentioned in section 3.d. Please use the following format: (Add to as needed for additional goals.)

Goal: End Chronic Homelessness (“What” are you trying to accomplish)	Action Steps (“How” are you to go about accomplishing it)	Responsible Person/Organization (“Who” is responsible for accomplishing it)	Target Dates (mo/yr it will be accomplished)
Goal 1: <u>Fully implement Mayor's Order</u> to coordinate street outreach efforts between District police, DMH, DOH and outreach agencies so that chronically homeless persons disabled by CSA and SMI who are a danger to themselves can be placed in a treatment facility or shelter during a hypothermia alert.	DHS, DOH (APRA), MPD, and Emergency Management will be on Hypothermia/Hyperthermia Workgroup, to be chaired by the Partnership; a weekly conference call led by DHS will take place during hypothermia season to assure coordination; 20-30 detox treatment beds for CSA to be made available; DHS will assure low-barrier shelter is available	DHS Director Colvin will have the lead role in securing effective collaboration with other city agencies (MPD, DOH/APRA, EMA); supported by the Partnership that will handle the operational side of outreach and shelters	11/1/02
Goal 2: <u>Begin replacement of 695 beds in the emergency shelter inventory</u> with new facilities; replacement to include development of low-barrier SRO units, and many of these units to be permanent supportive housing for chronically homeless (this the beginnings of the 10-year goal for 3,000 new SRO housing units)	<p>1. <u>Move 126-bed trailer shelter on MLK Jr Ave SE</u> into former DHS headquarters building.</p> <p>2. <u>Complete design and break ground on a new SRO for 125 women</u>, to be built on Parcel 38 downtown.</p> <p>3. <u>Acquire site to replace 144-bed trailer shelter at Crummel School</u>; complete plan for replacing this shelter with low-barrier SRO's.</p> <p>4. <u>Acquire site</u> to replace 170-bed <u>Randall Shelter</u>.</p>	<p>1. Deputy Mayor Graham and DHS will manage the renovation, using ESG funding.</p> <p>2. Deputy Mayor Graham in lead, with DCHA, DCHFA, and the Community Partnership.</p> <p>3. Deputy Mayor Graham to lead, with DMH Director Knisley; DHS Director Colvin</p> <p>4. Deputy Mayor Graham, with DHS Director Colvin and OPM</p>	<p>1. ASAP, but no later than 4/1/03</p> <p>2. Mid-FY03</p> <p>3. Mid-FY03</p> <p>4. End of FY03</p>

Goal: End Chronic Homelessness ("What" are you trying to accomplish)	Action Steps ("How" are you to go about accomplishing it)	Responsible Person/Organization ("Who" is responsible for accomplishing it)	Target Dates (mo/yr it will be accomplished)
	5. Acquire site to replace 130-bed <u>La Casa Shelter</u> with low-barrier SRO's and smaller shelters	5. Deputy Mayor Graham, with OPM	5. Before 3/31/03
Goal 3: DMH to produce <u>150 units of housing for severely mentally ill</u> homeless adults; and another 300 units for SMI who are at risk of homelessness	DMH will utilize \$15 million in capital funds and rental subsidies to create new housing; working with nonprofit developers	DMH Director Knisley; Cornerstone, Inc. & Four Walls Development (financing & developing); The Community Partnership (managing rental subsidies)	Late FY03
Goal 4: Make improvements to Federal City Shelter and fully implement the CCNV (shelter operator's) case management program; providing better services to FCS chronically homeless so they can be out placed to permanent housing	DHS has identified \$325,000 for improvements and will work with OPM to get these done; the Partnership will expand the CCNV contract for case management to \$400,000	DHS Director Colvin; The Community Partnership	10/1/03
Goal 5: To improve outreach to chronically homeless east of Anacostia River, establish an interagency multi-service center to replicate the one now operated by the Downtown BID	Identify \$350,000 in FY04 budget to support the service center; establish commitments from city agencies to provide mainstream services on site	DHS DMH DOES DOH/APRA The Partnership	10/1/03

- c. **In addition to the goals for ending chronic homelessness**, please describe **any other goals and specific action steps** that your community has developed to address homelessness. Specify the entity that has lead responsibility for carrying out each step and specific target date for completion. Please use the following table format.

[Before stating objectives going forward into FY03 and beyond, some context of what has been achieved in FY02 follows.]

Progress made toward, and changes to, CoC objectives stated in FY01. Since the District's 2001 CoC application was submitted, several strategic plan action steps stated at that time have been completed and others have been altered.

- FY01 Goal #1: completing HMIS implementation.* Very substantial progress was made on this objective, as is more fully described in the HMIS section of this application. The Partnership expects that all its contractors will be fully operational by the end of FY02, and will continue to work on getting other CoC agencies to adopt the HMIS.

- FY01 Goal #2: revising District code to support a CoC. As reported on p.3 above, a great deal of work has been done by DHS and a stakeholders' workgroup to prepare new homeless CoC legislation; DHS expects to complete the package and send it forward to the Mayor later this year.
- FY01 Goal #3: achieving District interagency coordination and budget for FY03. There was good progress made on this most challenging of objectives. Deputy Mayor Graham established the city's 10-year plan to end homelessness and took the lead in coordinating it with DMH, DHCD, OPM, DCHFA, the City Council and the DC Housing Authority. Goal #1 for FY02 is to finalize and publish the plan. The District's FY03 Capital Improvement Plan ("CIP") includes substantial funding for the initial construction and rehabilitation projects. DHS Director Colvin will assume lead of the Interagency CoC Workgroup and will coordinate the day-to-day operations of the CoC.
- FY01 Goal #4: Transform and replace Federal City Shelter. Progress made includes the start-up of the CCNV case management program, which will be fully operational in FY03. Major repairs were funded by the FY02 CIP and will be continued in the amount of \$325,000 in FY03, \$375,000 in FY04 and \$200,000 in FY05. The city now plans to keep this site in operation for the next several years while other parts of the 10-year plan are implemented. Discussions on the proposal to sell the Federal City Shelter and use the proceeds to leverage new shelter and housing capacity are ongoing.
- FY01 Goal #5: Develop new supportive housing capacity – 1,000 units of special needs housing, 500 SROs and 200 family units. As noted on page 1 of this application, DMH is underway (330 units on line) in producing 850 housing units for SMI, about 30% of which will house SMI homeless while the others contribute to prevention of homelessness. The city has increased its housing objective for adults, now planning to build 3,000 SRO units over 10 years, and has taken initial steps in the FY03 capital budget to do this. Plans are still being formulated to address the family units, and these include incorporating homeless family units into an RFP under the Vacant and Abandoned Properties Initiative.
- FY01 Goal #6: Retain 638 beds in five emergency shelters (Blair, Emery, Madison, Randall and Crummel), securing leases for DHS and improving the sites: The city secured stable leases for Blair, Emery and Madison. The other two sites are secure for now, and all 638 shelter beds remain in operation, but the revised CoC plan calls for replacing Randall and Crummel with low-barrier SRO housing. The CIP includes \$3,300,000 to acquire a site in FY03 to replace the Crummel School trailers. It also allocates \$1,065,000 in FY03 and \$1,165,000 in FY04 to acquire a replacement for the Randall School Shelter.
- FY01 Goal #7: Design and develop a Community Resource Center. The city's 10-year plan proposes the development of a warehouse site in the North Capital area (on land owned by the District) as the likely site for this New CoC facility, but the planning for the CRC remains at an early stage. The timing, siting and configuration of the CRC are intermeshed with planning for the eventual replacement of the Federal City Shelter, and the replacement of the Federal City Shelter is still several years away.

The following table summarizes objectives achieved this past year, as well as the rethinking of some of those previously stated objectives, and ties them to specific and general goals for the District's CoC over the next ten years. The city is engaged in ongoing planning, but this table represents in large measure where the city intends to move on its CoC between now and FY 2013. The city's plan proposes: 1) use of city-owned property; 2) allocation of a portion of all relevant entitlements and block grants; 3) use of tax credits leveraged by city resources; 4) consideration of the sale of the Federal City Shelter to

establish a trust for homeless services; 5) use of the DMH capital fund; 6) maximum use of SuperNOFA competitions, including McKinney-Vento CoC, Section 811 and Section 202.

Goal: Other Homelessness	Action Steps	Responsible Person/ Organization	Target Dates
Goal 1: Finalize details of 10-Year Plan to End Homelessness and make formal announcement.	Deputy Mayor Graham and DHS Director Colvin will continue to convene intra-District meetings and meeting with Homeless CoC Workgroup to write a plan with timelines, unit objectives, and resources committed and to be sought for underwriting the plan	Deputy Mayor C. Graham DHS Director Colvin; DMH Director Knisley; Deputy Mayor Price; The Community Partnership	10/1/02
Goal 2: Build and implement new low-barrier SRO housing capacity noted in Goal 2 of the Chronic Homeless table.	See Goal 2 in Chronic Homeless table for actions needed by site	See Goal 2 in Chronic Homeless table for responsible parties	All facilities to be replaced within three years (by FY05)
Goal 3: Development of 427-bed SRO facility for veterans on grounds of Old Soldiers & Airmen's Home (will serve chronically homeless veterans).	US Vets will complete financing package.	US Vets (Tim Cantwell and Nancy Jewell); Deputy Mayor Graham	To open within 3-4 years
Goal 4: Develop a total of 3,000 SRO units for homeless city residents.	Action will include: a) replacing 695 shelter beds ; b) 150 units for SMI from DMH; c) 427 units from US Vets; d) another 1,728 units to come from development of vacant and abandoned properties throughout D.C.	Deputy Mayor Graham (human services cluster); Deputy Mayor Price (economic and housing development cluster)	By FY07 the first 1,272 units to be on line; then about 350 units added per year
Goal 5: Develop 3,000 units of affordable rental units for families without permanent homes.	Plan proposes use of the Vacant and Abandoned Properties Initiative as a source of properties; a new initiative to encourage small building owners to renovate for Sec.8 families; the Housing Trust Fund to finance renovations; and ACC's and §8 subsidies to ensure affordability to families.	Deputy Mayor Graham; Deputy Mayor Price	Beginning in FY03, bring 300 units on line every year for 10 years; more quickly if feasible
Goal 6: <i>Applies to all other goals for housing and new shelter facilities; must accommodate needs of citizens with physical disabilities</i>	The plan for replacing facilities will comply with ADA requirements.	Deputy Mayor Graham DMH Director Knisley DHS Director Colvin	10/1/03; when 10-year plan is finalized

FUNDAMENTAL COMPONENTS: Shelter and Housing System (as of 1/24/02)**How the Department of Human Services and The Community Partnership define: 1) Emergency Shelter; 2) Transitional Housing; and 3) Permanent Supportive Housing**

Some caveats about definitions: As might be expected in any “continuum” system, the boundaries between parts of the continuum can be difficult to delineate precisely. The District, for example, has “emergency shelters” that are both overnight-only (usually 7pm-7am) and 24-hour facilities that clients do not have to leave, and even may stay for up to a year (like the CCNV Federal City Shelter). The 24-hour emergency facilities have more programming to help clients make the transition to independent living or, for those who need it, permanent supportive housing. Thus the Partnership refers to these as a “24-Hour Emergency Shelter with Transitional Services” and looks at the overnight shelters as essentially “low-demand” in character. Another source of confusion can be whether or not the facility provides shelter in a congregate, dormitory-style setting or in individual private units (SROs, apartments). We include among “transitional housing” some facilities that provide congregate, dormitory style living. Lengths of stay are also part of the definitions of the three essential parts of the continuum, yet the practical reality is that many clients stay longer than the stated length of stay in emergency shelters.

These caveats (and others) aside, the District’s definition of the three types of CoC housing follows closely the definitions developed by the National Survey of Homeless Assistance Providers and Clients (NSHAPC), which are essentially as follows with some District adaptations:

Emergency Shelters provide short-term housing on a first-come, first-served basis where people must leave in the morning and have no guaranteed bed for the next night **OR** provide beds for a specified period of time, regardless of whether or not people leave the building. Some facilities are open year-round, but others provide emergency shelter only during weather extremes of cold (hypothermia shelters) and heat (cooling centers or hyperthermia shelter). Domestic violence shelters that operate on a 24-hour basis provide deep transitional services and allow extended stays are still defined as emergency shelters.

Transitional Housing has a maximum stay of two years and offers support services to promote self-sufficiency and help clients obtain permanent housing. Most have criteria that require a social contract (service plan) with the client as a condition of entry to and continued stay in the housing, but some operate on a “low-barrier” basis by offering shelter first and then building a relationship with the client to establish the social contract. These facilities often target homeless subpopulations such as persons with mental illnesses or AIDS, runaway youth, victims of domestic violence, substance abusers or veterans.

Permanent Housing provides long-term housing assistance with support services where homelessness is a requirement for program eligibility. The housing may be targeted to persons with disabilities (such as Shelter Plus Care or SHP Permanent Housing), or it may be targeted to extremely low income households who are homeless but not disabled (such as the SRO Mod-Rehab program). It may also include housing supported by mainstream federal and District programs that support persons who are poor, aged, or disabled so long as the program is targeted by design, even if not required by the funding source, to serve only persons who are homeless (in the street, shelters, or transitional housing) as a condition of entry.

Fundamental Components in Continuum of Care System (Housing Activity)			
Component: <i>Emergency Shelter</i>			
Provider Name	Facility Name	Bed Capacity	
		Individuals	Persons in Families with Children
Agape Victory Project	Benning Road NE Apartments		40
Capitol Hill Group Ministries	Congregation-Based Shelter Project		33

Fundamental Components in Continuum of Care System (Housing Activity)			
Component: <i>Emergency Shelter</i>			
Provider Name	Facility Name	Bed Capacity	
		Individuals	Persons in Families with Children
CARE	Women Like Us/ Park Road NW Shelter		149
Catholic Charities	Gales School Low-Barrier Shelter	150	
Catholic Charities	MLK Jr. Ave. Shelter Overnight	108	
Catholic Charities	MLK Jr. Ave. Shelter/ 24 hrs	18	
Catholic Charities	Randall Shelter Overnight	145	
Catholic Charities	Randall Shelter/ 24 hrs	25	
Catholic Worker	Dorothy Day House		17
Catholic Worker	Olive Branch		7
CCNV	Federal City Shelter/ 24hrs	695	45
CCNV	Federal City Shelter Drop-In	100	
Central Union Mission	Overnight Men's Shelter	110	
Central Union Mission	Spiritual Transformation/Men	61	
Central Union Mission	Spiritual Transformation/Women	12	
Clean & Sober Streets	Recovery program/Federal City Shelter	120	
Coalition for the Homeless	DC Village		165
Coalition for the Homeless	Emery Shelter Overnight	110	
Coalition for the Homeless	Emery Shelter Winter Overflow	30	
Coalition for the Homeless	Emery Shelter/ 24hrs	40	
Coalition for the Homeless	La Casa Shelter Overnight	90	
Coalition for the Homeless	La Casa Shelter Winter Overflow	36	
Coalition for the Homeless	La Casa Shelter/ 24 hrs	40	
Coalition for the Homeless	Spring Road NW Apartments		92
Community of Hope	Belmont Street NW Apartments		40
Community of Hope	Girard Street NW Apartments		66
Covenant House DC	Respite Center	22	
Gospel Rescue Ministries	Samaritan Program – 810 5 th St NW	60	
House of Ruth	Herspace & Freedom Place (Dom Viol)		63
House of Ruth	Madison Shelter Overnight	39	
House of Ruth	Madison Shelter/24 hrs	25	
Latin American Youth Center	Emergency Shelter	8	
My Sister's Place	My Sister's Place (Dom Violence)		59
N Street Village, Inc.	Luther Place Women's Shelter	31	
New Hope Ministries	Crummel Overnight Shelter	126	
New Hope Ministries	Crummel Shelter/ 24hrs	18	
New Hope Ministries	Open Door Shelter Overnight	126	
RAP, Inc.	HIV/AIDS Emergency Shelter	10	
Sasha Bruce Youthworks	Bruce House	15	
St. Luke's; St. Paul's; St. Aloysius; St. Alban's; St. Augustine; Guildfield Baptist; Meridian Hill Baptist; Metropolitan Memorial	Church-based seasonal (winter & summer) overnight shelters	117	
The Alexanders Social	TASSC Family Shelter		59

Fundamental Components in Continuum of Care System (Housing Activity)			
Component: <i>Emergency Shelter</i>			
Provider Name	Facility Name	Bed Capacity	
		Individuals	Persons in Families with Children
Services Corporation			
The Community Partnership	Community Care Grant Program/ scattered site emergency apartments		281
The Community Partnership	Special Outreach Program	29	
Subtotal		2,516	1,116
<p><u>Housing planned:</u> 1) Two trailer-style emergency shelters (Crummel and MLK Jr. Ave SE) containing 270 beds will be replaced by new or rehabilitated facilities that will combine low-barrier emergency shelter and SRO-style units; 2) A new shelter for women with at least 100 beds and SRO units will be built at H St & NJ Avenue NW; 3) the Randall School Shelter and La Casa Shelter with over 300 beds, both threatened by commercial development, will be replaced with new facilities; 4) 15 new beds for homeless youth are planned to open in FY03; 5) 22 new units are planned for families who are victims of domestic violence; 6) a 10-bed low barrier shelter for women in downtown, to be operated by Calvary Women's Services, will open in summer 2002; 7) plans contingent upon the proposed sale of the Federal City Shelter would replace that shelter with a campus-like, multiple service and multiple building facility that could shelter 375-425 men and women.</p>			
<p><i>(Note: The following statements refer to how clients access ALL services within the Continuum of Care: prevention, emergency shelter, transitional housing, permanent housing and supportive services such as employment and daycare. They are included here to avoid repeating the same information in the three parts of this table as it pertains to the "housing activities" of the CoC, and because it is necessary to give an overview of the system by which clients access housing and services. Additional specific statements about how clients access emergency, transitional and permanent housing are included as needed with each section of this table.)</i></p>			
<p><u>Information and Referral</u> Information flow between homeless service providers is an essential building block for accessing services because it expands the universe of options available to clients. The Partnership helps to keep information about programs and services current in the homeless services directory published by the <i>Interfaith Conference of the Washington Metropolitan Area</i>. The District has implemented a telephone and on-line database service called <i>Answers, Please!</i> (INFO 211) by which citizens can access city and private nonprofit social services. The Partnership requires all of its contractors to submit information to this on-line database. The Partnership's website www.community-partnership.org lists all services within the District's CoC and links to some local services as well – including <i>Answers, Please!</i></p>			
<p>The Partnership's web-based HMIS, now used by a majority of beds in the shelter/housing CoC, contains a <i>ResourcePoint</i> component with up-to-date AIRS taxonomy of homeless programs and many other social services, so that an I&R component is available to case managers online in real time.</p>			
<p><u>Collaboration among providers:</u> The Community Partnership over the past eight years has established a partnership-driven system of care. The days when programs worked in isolation from one another are past. Networking is essential to any one program's success. Rather than one path, there are many paths by which homeless people move toward independent or at least healthy inter-dependent lives. <i>Much depends upon case managers</i> in outreach, emergency shelter and transitional programs who move and refer persons to appropriate services. Case managers are talking with each other often and working out (not always easily) the mechanisms by which they serve their clients.</p>			
<p>Information resources described above will help them do a better job. The system is entered through many doors. Even though there is Central Intake for families seeking emergency shelter, many families enter transitional and permanent housing programs directly via other means. For individuals, the majority enter the system by walking up, or being transported by the United Planning Organization (UPO) Shelter Hotline vans, directly to the doors of emergency shelters. Families and adults also access emergency shelter and transitional programs from diffuse referral sources like the courts, jails, hospitals, the DC Hotline (different from the Shelter Hotline), the Domestic Abuse Hotline, the Public Defender's office (which maintains a current and</p>			

accurate CoC resources list), churches and political offices.

Individual Service Plans are ubiquitous throughout 24-hour programs. The case management plan, developed in partnership with the homeless person with specific goals and objectives, serves as the road map by which clients obtain services and progress through the continuum.

Linkages between both Executive Directors and front line staff of the agencies are very important. There are well-established collaborations between providers that link them formally and informally. Many providers have memorandum of agreements that commit their resources to work in tandem. The Partnership's solicitations and contracts require providers to document a working relationship with at least two other CoC agencies. By the end of 2002 the ServicePoint HMIS will allow case managers across multiple agencies, with client permission and interagency protocols in place, to share case files and assure continuity of care. Through all these means, pathways of movement are identified and barriers in current pathways are addressed so that the CoC is constantly improved for clients moving through it.

How homeless persons access/receive Emergency Shelter: **ADULTS:** Beds within all public emergency shelters are available "on demand" for single adults and are made accessible by having the facilities located in all quadrants of the city so that they are easier to reach for walk-up clients. The United Planning Organization (UPO) serves as the hub agency for the emergency shelter system with year-round 24-hour staff available to answer the Shelter Hotline at 1-800-535-7252. UPO maintains an hourly overnight count of emergency shelter beds to show the vacancies and to route persons picked up by the outreach efforts to the available beds. By the end of 2002 the HMIS "Shelter Point" module will track bed vacancies in real time. The Partnership's and other providers' after-hours messages refer people in need of shelter to the hotline number, and television stations and print media publish it widely in the winter. UPO coordinates citywide radio-dispatched van transportation for homeless persons seeking shelter, and every winter season a special effort is made to distribute *English and Spanish* hotline cards and flyers to people on the street, the media, nonprofit agencies, and public buildings around the city. An updated Winter Plan is published annually with information on public buildings available to handle overflows, and "cooling centers" are opened in the Summer in collaboration with the District's Office of Emergency Preparedness. **FAMILIES:** Emergency shelter for families with no options to stay with family or friends is offered throughout the year at a District-owned building in DC Village. All families are referred to the Virginia Williams Family Resource Center, central intake for families, where eligibility is determined immediately and eligible families are assigned a case manager to help them access various options for resolving their housing crisis. The Central Intake for families assures that the means to access family shelter services is widely known by – and well-publicized to – District agencies and nonprofits dealing with families. The shelter hotline staff refers families to Central Intake, and the Partnership's Outreach Coordinator handles all calls for family shelter that come in from the public. **YOUTH:** Sasha Bruce Youthworks (SBY) and Covenant House-DC do street outreach to homeless youth. SBY operates "Project Safe Place" partnerships with fire halls, stores, and businesses that provide walk-in assistance to youth in distress. They both receive many referrals from the courts, DC Child and Family Services, and community services organizations.

Component: *Transitional Housing*

Provider Name	Facility Name	Individuals	Persons in Families with Children
Access Housing	Access House I & II	14	
Anchor Mental Health	Partnership for Progress (scatter site)	14	
Calvary Women's Services	Calvary Women's Shelter -H St NW	10	
Calvary Women's Services	Calvary Women's Shelter -5 th St NW	25	
Catholic Charities	St. Matthias Mulumba House	30	
Catholic Charities	Mount Carmel House	21	
Catholic Charities	St. Martin's House		33
Catholic Charities	Tenants Empowerment Network		59
Chesapeake Health Education Project	McDermott House for Veterans	40	
Christ House	Christ House (beds for seriously ill)	32	

Component: Transitional Housing			
Provider Name	Facility Name	Individuals	Persons in Families with Children
Coalition for the Homeless	Webster House	12	
Coalition for the Homeless	General Davison House	15	
Coalition for the Homeless	Park Road NW TRP	12	
Coalition for the Homeless	Blair Transitional Recovery Program	100	
Coalition for the Homeless	Valley Place Transitional Apts		59
Community Connections	TLC – 250 Portland St SE	24	
Community Connections	1212 Girard St NE	6	
Community Connections	Training Apts – 1323 Downing Place	12	
Community Connections	3624 Suitland Rd SE	6	
Community Family Life Services	SHP Transitional Apartments		73
Community Family Life Services	Family Reunification Apartments		69
Community Family Life Services	Trinity Arms		66
Covenant House DC	Transitional Living Program	16	
Damien Ministries	Mothers In Recovery		17
Damien Ministries	Elizabeth House		10
Efforts from Ex-Convicts	1535 Galen Street, SE	6	
Families Forward, Inc.	Three SHP transitional scatter sites		178
For Love of Children	Hope and a Home Program		59
Gospel Rescue Ministries	Fulton House	17	
Gospel Rescue Ministries	Transforming Lives – 810 5 th St. NW	32	
Green Door	SHP Transitional	6	
Green Door	Options Program (2 sites)	12	
Hannah House	HERS Program	15	
Hannah House	THEIRS Program		17
Holy Comforter/St Cyprian Community Action Group	Alpha/Omega Program: Five apartment buildings in NE & SE0	127	
House of Imogene	House of Imogene		33
House of Ruth	New Pathways	10	
House of Ruth	New Beginnings	10	
House of Ruth	Unity Inn	25	
House of Ruth	Family Reunification Program		46
La Clinica del Pueblo	1470 Irving St NW	10	
Latin American Youth Ctr	3043 15 th St NW	10	
Latino Transitional Housing Partnership	Scatter site apartments	6	
Latino Transitional Housing Partnership	Transitional Housing for Families at scatter site apartments		36
Mary House	Scatter site transitional homes		116
N Street Village	Sarah House	12	
N Street Village	Harriet Tubman House	9	
Neighbors Consejo	1622 Lamont St NW	6	
New Endeavors by Women	New Expectations		20
New Endeavors by Women	NEW Transitional – 611 N St NW	38	
New Hope Ministries	Door of Hope Safe Haven	25	
Northwest Center, Inc.	2702 Ontario Rd NW		17
RAP, Inc.	413 Orange Street SE	16	
Safe Haven Outreach	Buckmon House	33	

Component: Transitional Housing			
Provider Name	Facility Name	Individuals	Persons in Families with Children
Salvation Army	Harbor Lights	187	
Salvation Army	Turning Point		99
Samaritan Inn	Fairmont St NW	9	
Samaritan Inn	Fuller St NW	10	
Samaritan Inn	Mozart Pl NW	9	
Samaritan Inn	Ontario Rd NW	18	
Samaritan Inn	Harvard St NW (Pregnant Women)	14	
Samaritan Inn	Intensive Recovery Program	24	
Sasha Bruce Youthworks	Independent Living Program	12	
Sasha Bruce Youthworks	Transitional Living Program	12	
So Others Might Eat	Exodus House	18	
So Others Might Eat	Joshua House	12	
So Others Might Eat	Leland House	15	
So Others Might Eat	Maya Angelou House	15	
So Others Might Eat	Harvest House	12	
So Others Might Eat	Dwelling Place for Abused Elderly	7	
So Others Might Eat	Thea Bowman House		40
Temple Micah	Micah House	4	
Temple Sinai	Family Apts: 1817-1819 2 nd St NW		13
Transitional Housing Corp.	Partner Arms		46
Washington Hebrew	Carrie Simon House		10
Woodley House	Crossing Place	8	
Subtotal		1,200	1,116
<p>Housing planned: 1) The District's emerging 10-year plan to end homelessness calls for major developments of both transitional and permanent supportive housing – 3,000 units for adults and 3,000 for families; in part through new construction of SROs; in part by the District claiming distressed and abandoned properties and renovating these into transitional and permanent housing; and in part through the an increase in rental subsidies from federal and local funds (see goals chart); 2) More immediately, 31 units of transitional housing for families, already funded by HUD, are being supported with District resources and are expected to be online within the next 18 months; 3) the District is committed to supporting the US Vets project at the Soldiers Home in Northwest DC that will create 427 SRO units, all for homeless veterans, with 150 of these to be transitional recovery beds for veterans with addictions.</p>			
<p>How homeless persons access/receive Transitional Housing: Generally speaking, clients access transitional housing through referrals from emergency shelters and/or other social service agencies, public and private – through the various means of communication described above in this table. Most transitional programs maintain a waiting list and standing relationships with a set of public and private agencies that refer more clients than they are able to receive at any given time.</p>			

Component: Permanent Supportive Housing			
Provider Name	Facility Name	Individuals	Persons in Families with Children
Access Housing	SRO at 2539-2543 13 th St NW	25	
Access Housing	SRO at 822 Chesapeake St, SE	20	
Anchor Mental Health	Scatter site Respite & PSH/ SMI	139	
Building Futures	Shelter Plus Care		66
Building Futures	Daffodil House		56
Catholic Charities	McKenna House SRO	20	

Component: <i>Permanent Supportive Housing</i>			
Provider Name	Facility Name	Individuals	Persons in Families with Children
CCH @ Friendship Place	The Haven	5	
CCH @ Friendship Place	Zeke's House	5	
Christ House	Kairos House SRO & scatter apts	55	
Coalition for the Homeless	Sherman Avenue SRO	10	
Coates & Lane Foundation	Scatter site permanent housing	36	
Community Connections	1330 G Street, NE	6	
Community Family Life Services	SAFAH Program		156
Community Family Life Services	Milestone House SRO	35	
Deaf Reach	SMI deaf adults: 1203 Otis St NE	7	
District Department of Mental Health	Home First II scatter site units/beds for SMI	390	33
Gift of Peace	2800 Otis Street, NE	15	
Green Door	907 R St., NW	8	
Green Door	2716 Ontario Rd, NW	8	
Housing Opportunities for Women	Scatter sites (4 facilities)	22	
Joseph's House	1737 Lanier Place, NW	11	
Lutheran Social Services	3835 13 th Street, NW	6	
Marshall Heights CDO	Willis P. Green SRO	59	
Marshall Heights CDO	305 61 st St., NE	5	
Miriam's House	Miriam's House 1300 FL Ave NW	20	
N Street Village	Group Home & SROs for SMI	36	
N Street Village	Promise Place Family Apartments		170
Northwest Church Family Network	1151 New Jersey Ave, NW		66
RIGHT, Inc.	HIV/AIDS – confidential address		13
Safe Haven Outreach	Haven House Cooperative	19	33
Saint Paul's Baptist Church	St. Paul's House	5	
Samaritan Inns	Elisha House	49	
Samaritan Inns	Lazarus House	76	
Samaritan Inns	Tabitha's House	45	
So Others Might Eat	Anna Cooper House	50	
So Others Might Eat	Jeremiah House	52	
So Others Might Eat	Shalom House	92	
TERRIFIC, Inc.	HIV/AIDS – confidential address		20
The Community Partnership	Shelter Plus Care scatter sites and multiple providers	193	311
Union Rescue Mission	Northeast Rescue Mission/women	9	
Victor Howell House	1304 Euclid Street, NW	10	
Whitman Walker Clinic	HIV/AIDS – confidential address		76
Woodley House	Holly House	8	
Subtotal		1,551	1,000

Housing planned: 1) As noted above, the District's 10-year plan for housing calls for 3,000 units for families and 3,000 SRO units for adults with extremely low-income and other barriers to maintaining permanent housing, but has not yet determined exactly the allocation of these to transitional or permanent housing; in the short term part of the District's plan will take vacant and abandoned properties and develop them for family housing; and DHS will be incorporating many SRO units for the chronically homeless into its replacement of shelters (see goals chart); 2) The Department of Mental Health plans to add 850 units of scattered-site, supportive housing for mentally ill persons by 2002; most of these will serve very low-income persons at risk of homelessness, and an estimated 187 will serve homeless persons being served by DMH Homeless Support Teams and core service agencies; 4) The District made a commitment to assist a multi-racial faith-based organization called the Washington Interfaith Network with building 300 units of housing for low and moderate income home ownership; a commitment backed up by the recent passage of a Housing Trust Fund that will create a dedicated real estate tax revenue stream of about \$11-\$20 million annually, 60% of which will be targeted for housing that will be affordable to very- and extremely low income households; 5) Open Arms Housing, which received an SHP grant in 2001, is under renovation on a 18-unit low-barrier permanent housing facility for severely mentally ill homeless women; 6) Green Door, having received an SHP grant in 2001, will develop 12 units of permanent housing for homeless mentally ill. (NOTE: Items 2 & 3 above are part of the broad goal stated in Item 1)

How homeless persons access/receive Permanent Supportive Housing: The first order of business in case management at emergency shelters and transitional housing is that residents apply for public and assisted housing, as well as applying to nonprofit providers of SRO and family units. [In FY 2001 the DC Housing Authority placed 50-60 families into public housing and issued approximately 1,000 Section 8 Housing Choice Vouchers to homeless families who had been placed on an emergency selection preference list.] The Partnership operates as gatekeeper for the Shelter Plus Care units, working closely with emergency and transitional shelter providers to take referrals, maintain a wait list, and make appropriate placements. Access to Home First II units is managed by the Department of Mental Health, which refers SMI persons from among those who are exiting St. Elizabeth's Hospital and from among the 300 clients who are served by DMH-funded Homeless Support Teams. AHA and the HIV/AIDS Planning Council operate CHIA (Centralized Housing Intake and Assistance) – a centralized network and shared information “gatekeeper” that identifies, places and tracks persons living with AIDS.

FUNDAMENTAL COMPONENTS: Service System

Fundamental Components in Continuum of Care System (Service Activity)

Component: Prevention

Services in place: Please arrange by category (e.g., rental/mortgage assistance), being sure to identify the service provider.

Services in place: Prevention services take different forms:

- **Rent and utilities assistance**, combined with case management, is available to families and individuals through eight (8) nonprofit community-based service providers located within and accessible to people in all eight wards of the city, and is coordinated by the local *Emergency Food and Shelter Board* (EFSB). The EFSB reported 412 rent, mortgage and utility (RMU) bills paid in FY 2001. ESG funds are part of the funds being used by these EFSB-certified agencies to provide prevention assistance; ESG funds serve at least 90 families and 190 individuals annually. In the past year the EFSB established a new program called DC HELP which works through twelve agencies across the city to provide first month's rent and security deposit for persons, some of them homeless or precariously housed, who are ready to move into a home. In addition, the *DC Emergency Assistance Fund*, managed by the *Foundation for the National Capital Region*, is jointly funded by the District, the business community and foundations. This project is funded in part by the *Fannie Mae Foundation's* annual homeless walk and extends services to an additional 500 households identified through the EFSB agencies. *Community Family Life Services* is the largest of many faith-based organizations that provide RMU assistance to prevent homelessness; it assists more than 300 persons annually. The agencies providing either RMU assistance or first month rent/deposit assistance throughout the District are these:

Ward 1

- *Change, Incorporated*
- *Neighbors Consejo*
- *The Family Place*

Ward 2

- *Father McKenna Center*
- *Catholic Charities Downtown Family Center (city-wide)*
- *Families Forward*
- *The Salvation Army*

Ward 3

- *Community Council for the Homeless at Friendship Place*

Ward 4

- *Lutheran Social Services*

Ward 5

- *Catholic Charities (Rhode Island Avenue NE Center)*
- *Refuge O Hope Discipline Center*

Ward 6

- *Community Family Life Services*
- *Capitol Hill Group Ministry*

Ward 7

- *Marshall Heights Community Development Organizations*

Ward 8

- *Community Family Life Services*
- *Our Brother's Keeper Society*

- Legal assistance to prevent homelessness is provided by the *Washington Legal Clinic for the Homeless*, which is on site at Central Intake for families to help resolve problems of benefits and eviction that could make families homeless. The *Legal Aid Society* works to prevent the breakup of families. *University Legal Services* is the District's federally mandated protection and advocacy agency and represents disabled persons who are at risk of becoming homeless.
- The Interim Disability Assistance program, funded at \$2.3 million for FY02 and \$7.3 million for FY03, will provide about \$350 a month to disabled persons while they await federal SSI and SSDI approval. Since February 2002 over 800 persons had applied and it is expected that about 1,700 will benefit annually from the program, which will surely help many adults to remain housed and stay out of the shelters.
- Community-based prevention: The District's *Child and Family Services Administration* has built a community-based system of care to reduce the prevalence of abuse and neglect and prevent placement of children in foster care. These efforts strengthen both communities and individual families to prevent a recurrence of homelessness. All provide rental assistance and other emergency services. The seven "family support collaboratives" are located in all eight wards of the city and are made up of 15-20 neighborhood service organizations that help families with a variety of needs in order to keep them together and keep them housed:
 - *East of the River Family Strengthening Collaborative (Ward 7)*
 - *Columbia Heights/Shaw Family Support Collaborative (Ward 1 & 2)*
 - *Edgewood/Brookland Family Support Collaborative (Ward 5)*
 - *Far Southeast Family Strengthening Collaborative (Ward 8)*
 - *North Capitol Area Healthy Families/Thriving Communities Collaborative (Ward 2 & 5)*
 - *South Washington/West of the River Family Strengthening Collaborative (Ward 2 & 6)*
 - *Georgia Avenue/Rock Creek East Family Support Collaborative (Ward 4)*

Services planned: 1) The *Department of Human Services* is establishing a new case management unit at its Family Services Administration that will assist families on TANF that are at risk of losing their benefits and possibly losing their housing. DHS and the DC Housing Authority are finalizing a MOU that will *prevent evictions of public housing residents* by withholding rent from TANF funds if necessary and providing social services to the families who fall behind in their rents. 2) To prevent family homelessness in distressed properties, Deputy Mayor Graham has set up a *Relocation Team* that includes her office, the DC Corporation Counsel, Emergency Management Agency, DCRA (enforces building codes), the nonprofit Housing Counseling Services (goes in to assess family needs) and community-based agencies operating where these properties are located and that have existing relationships with the families. The team works to prevent the abrupt shutdown of substandard properties and dislocation of families into the shelter system;

it offers incentives for building owners to renovate; it helps families relocate with Section 8 vouchers; and it helps tenants that want to purchase of the building to get connected to the city resources they need to do this.

How persons access/receive assistance: LROs (*Local Recipient Organizations*) are located throughout the District and constitute the most-used means for accessing prevention assistance. The Partnership and the *DC Emergency Assistance Fund* are both distributing prevention funds through the LROs. DHS' Income Maintenance Administration manages the Interim Disability Assistance program. Legal assistance from Washington Legal Clinic for the Homeless is available in shelters and at central intake for families.

Component: *Outreach*

Outreach in place: Please describe for each sub-population (i.e., veterans, seriously mentally ill, substance abuse, HIV/AIDS, domestic violence, youth) the outreach activities undertaken (e.g., street canvassing) and the name of the entity providing the specific outreach. Include in your description, those outreach activities that specifically target chronically homeless persons.

Services in place:

For ALL homeless subpopulations the following services provide outreach:

- The following drop-in centers, free kitchens, food pantries, and free medical services are available to ALL homeless persons; i.e., these are used by all homeless subpopulations and for many these programs are an important point of contact for accessing other CoC services:
- The UPO Shelter Hotline provides four year-round radio-dispatched vans that do street outreach and transportation to shelters; it maintains the 1-800-535-7252 by which homeless people and the public at large can call for help.
- The Partnership's Outreach Coordinator – an active member of the Outreach Focus Group that meets monthly -- coordinates with over a dozen outreach organizations and drop-in centers that provide street outreach to all the areas of the city. Together these organizations make contact annually with more than 1,500 persons on the streets, some chronically homeless District residents and some transient. Outreach organizations have mapped and subdivided their areas to avoid duplication of effort and to assure access to services for as many people as possible. Several provide homeless people with laminated pocket-sized cards that contain information about services.
- The following agencies operate drop-in centers and/or do street outreach and canvassing that serves ALL homeless subpopulations, and all of these see a high proportion of the chronically homeless:
 - 1st Seventh Day Adventist Church (street outreach, case management, meals, serves chronically homeless)
 - Bethany Women's Center (meal program; case management; serves chronically homeless)
 - Capitol Hill Group Ministries (street outreach, case management, meals, serves chronically homeless)
 - Community Council for the Homeless at Friendship Place (street outreach, case management, showers, health care, mental health services, serves chronically homeless)
 - DC Central Kitchen/ First Helping (street outreach, case management, showers, meals, serves chronically homeless)
 - Downtown BID Service Center (street outreach, case management, showers, meals, serves chronically homeless)
 - Father McKenna Center (case management, meals, serves chronically homeless)
 - Georgetown Ministries (street outreach, case management, showers, meals, serves chronically homeless)
 - Neighbor's Consejo (street outreach, case management, showers, meals, Latinos, serves chronically homeless)
 - Rachael's Women Center (street outreach, case management, showers, meals, serves chronically homeless)
 - Salvation Army Grate Patrol (street outreach, case management, serves chronically homeless)
 - Unity Health Care (street outreach, primary medical care, serves chronically homeless)
 - Washington Legal Clinic for Homeless (outreach to street and shelters, provides legal representation)
- The following community-based drop-in service centers see ALL homeless subpopulations, but do not handle a high proportion of chronically homeless:
 - Allen Community Outreach Center
 - Community Family Life Services – case management, employment assistance, prevention
 - Marshall Heights CDO – UPO Service Center
 - McClendon Center/ NY Ave. Presbyterian (elderly)
 - Samaritan Ministry/NW (employment assistance for homeless)
 - Samaritan Ministry/SE (employment assistance for homeless)

- The following free meal programs are serving ALL homeless subpopulations, and serve a high proportion of chronically homeless:
 - 4th Street Friendship Community Services
 - Charlie's Place at St. Margaret's Church (street outreach, case management, meal, Latinos, serves chronically homeless)
 - Church of the Brethren (serves about 100 meals every weekday)
 - Church of the Pilgrim (has a street outreach ministry)
 - Dinner Program for Women (meal program; case management; serves chronically homeless)
 - First Church of the Nazarene
 - Florida Avenue Baptist Church (provides food and clothing for the homeless)
 - Miriam's Kitchen (serves a breakfast to 85-100 persons every weekday)
 - Missionaries of Charities (Mother Theresa) (street outreach, daily meal in downtown park, serves chronically homeless)
 - Mother Dear's Community Center
 - NY Avenue Presbyterian/ McClendon Center (focus is on elderly persons)
 - Purity Baptist Church
 - Sacred Heart Church (Dinner) (serves Latinos, collaborates with Neighbors Consejo)
 - So Others Might Eat (serves 800-1,000 meals every weekday)
 - St. Paul's Church Supper Club
 - St. Paul's Episcopal Grate Patrol (street outreach with meals on weekend; serves chronically homeless)
 - St. Stephen's and the Incarnation Church
 - Tenth Street Baptist Church
 - Third Street Church of God
 - Union Temple Soul Bowl
 - Zacchaeus Community Kitchen (serves 150-200 meals every weekday)
- Another point of contact for ALL homeless is the system of free medical clinics; the following serve many chronically homeless persons:
 - Christ House (has 32 inpatient beds along with outpatient services)
 - La Clinica del Pueblo (focused on serving the Latino population)
 - Andromeda Health Services (focused on serving the Latino population)
 - Columbia Road Health Services
 - SOME Health Services (located on site with the soup kitchen for easy accessibility)
 - Unity Health Care (operates a medical van that roams throughout the District)
 - Washington Free Clinic
 - Zacchaeus Free Clinic (partner with Bread for the City to offer case management services)

Outreach to Veterans:

- U.S.Vets – DC Metro Site AmeriCorps project provides 10 AmeriCorps workers who do outreach to and assessment of homeless veterans in the streets and shelters (over 450 contacted in the District this past year). Outreach workers are deployed to the following programs: the Center for Employment Training at So Others Might Eat, the Anna Copper House SRO, the Blair House and Emery Shelter with 250 beds operated by Coalition for the Homeless, the 170-bed Randall Shelter operated by Catholic Charities, the 120-bed Clean and Sober Streets drug treatment and recovery program at the Federal City Shelter, and the First Helping mobile food, drug treatment and street outreach van operated by DC Central Kitchen.
- Healthcare for Homeless Veterans is operated out of the VA Hospital.
- The Washington Area Veterans Employment Program (WAVE) is a collaboration between the VA hospital, Access Housing, and US Vets to train and place homeless veterans in permanent employment.
- The VA Hospital has a street outreach worker and a full-time social worker who specialize in serving homeless veterans on the streets, in shelters and at the hospital.

Outreach to Mentally Ill:

- The Department of Mental Health (DMH) has a homeless street outreach team consisting of one nurse, one psychiatrist and three street outreach workers. It also supports two Homeless Support Teams that work with many shelter providers and are serving about 250 consumers, and three Mobile Community Outreach Treatment Teams

that serve over 500 mentally ill people annually.

- DMH operates a daytime drop-in center for mentally ill persons (Our House) in downtown D.C.
- DMH provides a mental health worker to the Downtown BID Service Center that provides support services for people living in the streets.
- The Partnership funds Unity Health Care to provide a psychiatrist to three downtown shelters and the CCH/Friendship Place day service center.
- DMH deploys outreach workers for mentally ill persons under the supervision of Michele May, the DMH Homeless Services Coordinator.
- Downtown BID Service Center, DMH, Travelers Aid and Greyhound Bus Lines operate a program for SMI persons who travel to D.C. to see political leaders and then get stranded when their funds are gone. Outreach is available at the bus station to link persons to services, and travel assistance to go home is available when they are ready to go home.
- Our Turn day center for SMI operates in the Columbia Heights neighborhood.

Outreach to **Substance Abusers**:

- The drop-in centers and street outreach programs listed above all provide outreach to substance abusers.
- The D.C. Department of Health/Addiction Prevention and Recovery Program (APRA) operates “Project Orion,” a mobile medical outreach, prevention education, prevention case management, disease screening (HIV, STD, TB and Hepatitis) and substance abuse treatment intake unit. Its mission is to reduce the transmission of HIV among drug users. In FY01, Project Orion screened 4,933 persons at the city’s detoxification unit, admitted 3,765 to the unit and provided outpatient and inpatient treatment to 12,948 persons. In FY02, APRA projects about 32,000 outreach contacts will be made and about 4,500 medical screening tests conducted.
- The US Vets/AmeriCorps outreach program for homeless veterans assesses and refers persons on the street and in shelters for admittance to the substance abuse treatment program operated by the VA hospital in Martinsburg, WV.
- Clean and Sober Streets, a drug treatment and recovery program at the Federal City Shelter, works with the Downtown BID and Golden Triangle BID to serve men and women with addictions on the streets of the D.C. central business district; they work also with the DC Central Kitchen First Helping mobile outreach van to extend services to substance abusers living on the streets.
- RAP, Inc. provides the following services to persons who are homeless or in imminent danger of becoming homeless; short-term or long-term residential/outpatient treatment substance abuse treatment; outpatient HIV primary medical care, nutritional support, specialized/supportive case management, individual/group substance abuse and HIV/AIDS counseling and education; and day treatment services.

Outreach to persons living with **HIV/AIDS**:

- The D.C. Comprehensive AIDS Resource Education Consortium provides treatment education, peer education and assistance with housing to many at-risk populations including the homeless.
- The National Minority AIDS Council resource directory list 30 organizations within the District of Columbia who are involved with outreach to persons at risk of or living with AIDS, and 10 of these target some part of their programming to homeless persons.
- Damien Ministries (food bank, case management, drop-in services at Shaw HQ, serves 1,000 annually)
- Food and Friends (food delivery to persons living with AIDS)
- Whitman-Walker Clinic NW (headquarters) provides street outreach, prevention education, HIV counseling and case management, medical case management and medical care, and supportive housing for many at-risk populations including the homeless.
- Whitman-Walker Clinic SE (Max Robinson Center) – serves southeast DC and Anacostia.
- Family Medical Counseling Services does outreach and offers case management and medical care to families living with HIV/AIDS.

Outreach to homeless **Youth**:

- Covenant House DC Community Outreach Center/SE and Covenant House DC Community Outreach Center/NE provide street outreach/canvassing, a respite center and emergency shelter, and case management services.
- The Consortium for Child Welfare leads the Family Ties Project, a collaboration of 20 legal, medical and residential service organizations that addresses the issues of, and provides services to, children who are orphaned by HIV/AIDS.
- Latin American Youth Center provides service to homeless Latino and other youth in the Mount Pleasant & Columbia Heights neighborhoods.

- Sasha Bruce Youthworks operates emergency and transitional shelters for homeless teens.
- The Safe Harbor program at fire halls and other public facilities provides a way for runaway youth to come inside and get help.

Services planned: The Downtown BID Service Center in the NW downtown area, which does street outreach and incorporates several District mainstream programs (employment, drug and alcohol treatment, mental health), has been a successful model of removing chronically homeless persons from the streets. DHS is planning to replicate this kind of multi-service drop-in center in Southeast D.C. along the Martin Luther King, Jr. Avenue corridor where street homelessness is an ongoing problem.

How homeless persons access/receive assistance: The drop-in programs, street outreach efforts, meal programs and free health care programs detailed above provide a robust, citywide system that takes assistance to the people who need it where they are, and provides multiple points of entry for persons seeking services.

Component: Assessment

Services in place: Please describe the assessment process you currently have in place.

ASSESSMENT is a *process*, not merely a one-time interview at intake. It begins with an initial intake interview but continues successfully only by establishing a trustful relationship with a consumer so that the nature and basic cause of their homelessness is revealed, and this in turn allows the development of a prognosis (or plan) for the consumer to minimize the effects of their homelessness and get past it. Barriers to stable housing and gainful employment must be identified and surmounted. Most assessments are done on paper, but are increasingly being automated as the HMIS takes hold. The assessment becomes a part of the consumer's case file and travels with them (if they agree) as they access other services. Some consumers – for example, families on TANF or mentally ill consumers – arrive at the CoC with an assessment in place from their mainstream case manager.

Services planned: The Partnership is in the midst of fully implementing a HMIS that includes standardized modules for collecting intake and assessment data – including a case management module that allows storage of case notes and Individual Service Plans. As providers and consumers get more accustomed to this software, they will begin to allow the sharing (always with the consumer's permission) of intake and assessment data. This will make it easier for consumers to move between programs and will assure a greater continuity of care. In addition, the HMIS developer has created a mainstream benefits module that will allow providers to know at a glance -- once demographic, income and disability information has been entered – the federal mainstream benefits to which a consumer is entitled.

How homeless persons access/receive assistance: ADULTS: Street outreach workers assess the needs of men, women and youth living in the streets. Mental health and/or physical health assessments are done by clinical staff from the Department of Mental Health's outreach program, psychiatrists attached to two DMH-funded Homeless Support Teams, four mobile community outreach treatment teams (MCOTTs), and medical doctors and nurses riding with the Unity Health Care mobile medical office. Emergency shelters do not have central intake but generally operate as "low-barrier" beds available on a first come/first served basis. All emergency shelter facilities must have at least one social worker on staff that is responsible for assessing the strengths and needs of the clients. The transitional housing and permanent housing programs entail a deeper assessment of clients to assure that they are eligible for and likely to benefit from the programs. These assessments are performed by licensed social workers and clinicians, and in some cases (such as a recovery program) will entail a peer assessment by other consumers. In permanent supportive housing programs like Shelter Plus Care or Home First II that serve persons disabled by mental illness, substance abuse or HIV/AIDS (or all three), an interdisciplinary team made of public and private clinicians and licensed social workers conducts the assessments. FAMILIES: The District has a central intake office for families, staffed by licensed social workers who conduct an initial assessment and case plan for every family entering emergency shelters. When the family enters a shelter, the staff continues and deepens the assessment of family assets and needs. As with adults, families entering transitional and permanent housing undergo a more rigorous eligibility process to assure that they can benefit from and are eligible for the housing. In most cases the result is usually a 2-year Family Service Plan with the objectives of permanent housing and self-sufficient living. For other families affected by disabilities who are placed in permanent supportive housing, the objective is self-directed and stable living at their highest level of functioning and well-being.

Component: Supportive Services

Services in place: Please describe how each of the following services are provided in your community (as applicable): case management, life skills, alcohol and drug abuse treatment, mental health treatment, AIDS-related treatment, education, employment assistance, child care, transportation, and other.

- **Case Management and social services:** Case management is ubiquitous throughout all levels of the Continuum of Care.
- **Food:** DC Central Kitchen supplies 3,000 meals daily to shelters; food is also provided by 34 community kitchens, food outreach programs and church pantries.
- **Health Care:** The D.C. Healthcare Alliance, working with all District hospitals, provides primary and preventative care to the indigent and uninsured; Whitman-Walker Clinic provides clinical and residential care for persons with HIV/AIDS; Christ House operates a 32-bed emergency medical shelter; and 16 nonprofit providers that free or reduced cost primary care.
- **Substance Abuse Services:** Provided by APRA within the Department of Health. In addition, over 1,200 CoC emergency and transitional beds are targeted to assist people in recovery from substance abuse. Coordination with AA and NA meetings in shelters is common.
- **Mental Health:** Mental health services are delivered by: the Department of Mental Health; St. Elizabeth's Hospital; community mental health centers; Comprehensive Psychiatric Emergency Program (outreach); 3 Mobile Community Outreach Treatment Teams serving 300 persons, many homeless; two Homeless Support Teams serving 300 persons; Center for Mental Health; and Psychiatric Services of Washington.
- **Transportation:** UPO Vans (radio-dispatched transport to shelter, 24 hours in Winter); House of Ruth van; Metro tokens provided by programs; Travelers Aid assists persons going home.
- **Legal Services:** Washington Legal Clinic for the Homeless; Legal Aid Society; University Legal Services; DC Prisoners Legal Services Project.
- **Childcare:** two agencies provide 128 slots for children in shelters; DHS/Income Maintenance Administration provides childcare for TANF families in work programs (75% of homeless families on TANF).
- **Education:** D.C. Public Schools Homeless Services Unit assists children in shelters with transportation to school; Adult Education and GED providers; Head Start and other child development centers; resident study groups operate in shelters.
- **Employment and Training:** TANF block grant and DOL welfare-to-work activities; Department of Employment Services and DHS/Income Maintenance Administration operate welfare-to-work programs; eleven (11) nonprofit agencies specializing in job services for homeless adults and head of households serve about 1,000 homeless people annually; employment programs operate in most shelters and transitional housing.

Services planned: The Partnership will continue expanding the reach of its HMIS (including its I&R module) to all contracted facilities and to other agencies that volunteer to participate, which should stimulate greater inter-agency cooperation and collaboration in assisting clients. The Homeless Continuum of Care Workgroup will continue to work on accessing mainstream services and funding for homeless people, and stimulating new public-private partnerships – e.g., the Department of Health and Unity Health Care planning to make primary health care services and funding available under a Medicaid waiver. DMH is in the process of out-sourcing much of its clinical mental health services to “core service agencies” as part of a general reform of the agency, and thus some providers (Green Door, Community Connections) who serve many homeless people are now qualified as core service agencies and will be able to provide easier access to mental health care for their clients.

How homeless persons access/receive assistance: Many supportive services described above are either on-site at shelters, transitional programs, or permanent supportive housing – or they are brought to where homeless people live through the outreach efforts described above. Information and referral resources, a part of both city services (through *Answers, Please!* phone number, and as part of the Partnership's HMIS) along with skilled case management are the key means by which homeless people access public and private services.

• **Gaps Analysis.**

- a. Using data consistent with your community's Consolidated Plan, fill out the *Continuum of Care: Gaps Analysis* chart.

Continuum of Care Gaps Analysis as of January 24, 2002 (estimates of need & occupied inventory, based on a winter day)				
		Estimated Need	Current Inventory	Unmet Need/ Gap
Individuals				
Beds/Units	Emergency Shelter	2,671	2,516	155
	Transitional Housing	1,285	1,200	85
	Permanent Housing	1,664	1,551	113
	Total	5,620	5,267	353
Estimated Sub-Populations	Chronic Substance Abusers	2,023	1,801	222
	Seriously Mentally Ill	1,068	851	217
	Dually-Diagnosed: MI/SA	899	716	183
	Veterans	1,124	854	270
	Persons with HIV/AIDS	674	388	286
	Victims of Domestic Violence	964	903	61
	Youth	144	79	65
	Other/ Latinos	562	325	237
Persons in Families with Children				
Beds/Units	Emergency Shelter	1,532	1,116	416
	Transitional Housing	1,486	1,116	370
	Permanent Housing	1,139	1,000	139
	Total	4,156	3,232	924
Estimated Sub-Populations	Chronic Substance Abusers	1,164	905	259
	Seriously Mentally Ill	499	388	111
	Dually-Diagnosed	540	420	120
	Veterans	83	65	18
	Persons with HIV/AIDS	582	452	129
	Victims of Domestic Violence	2,078	1,616	462
	Other/ Latinos	416	162	254
Grand Totals		9,776	8,499	1,277

b. Identify the data sources

Data Source	Method	Date of Data Collection	Street Count (number)	Shelter Count (number)
Point-in-time (PIT) survey of the District's CoC	Gaps Analysis Survey distributed to all public and private CoC programs and facilities by email and fax; follow-up contacts by telephone.	January 24, 2002	594	6,874
National Survey of Homeless Assistance Providers and Clients (NSHAPC) – Technical Report	Statistical sample of 76 metropolitan and non-metropolitan areas, obtaining information by mail from 5,694 programs and conducting interviews with 4,207 clients.	October 1995 to November 1996	N/A	N/A
The Community Partnership: Providers' Annual Reports	All programs contracted with the Partnership submit monthly and annual reports that aggregate demographics and client outcomes.	1996-2001	2,114 in FY01 (annual duplicated count)	13,480 in Partnership programs; estimated 16,350 including other programs
The Community Partnership: listing of District CoC facilities and services	Partnership gathers information on CoC facilities and updates the list each year by having the Gaps Committee check it for accuracy and completeness	January-June 2002	N/A	N/A
DC Department of Health "HIV/AIDS Epidemiological Profile, DC, 1999"	Based on Department of Health HIV/AIDS surveillance	1999	N/A	N/A
U.S. Census 2000 Household Survey	Census takers conducted in-depth interviews with DC residents	2000	N/A	N/A

c. Describe the data sources and methods identified in 5(b) by explaining:

(1) your community's process and methods for collecting the data, including the reason(s) your community chose those methods.

The Partnership convened the 2002 SuperNOFA Gaps Analysis Committee on April 22, which was attended by 18 persons, and presented the results from the January 24, 2002 point-in-time survey (see below). The group divided into two parts: one focused on "Individuals" and one on "Persons in Families." Each sub-group met at least one more time and members stayed in contact through email as they worked out a set of recommendations for estimating subpopulations and checked the CoC inventory for accuracy and completeness. In addition to the PIT survey data, the Partnership shared with the groups the NSHAPC data, statistics from the Partnership's provider reports for the past six years, the Partnership's CoC list, and the Gaps Analysis Chart from last year which contained a description of all data and calculations used to make up last year's estimates. When there was a question about the estimate for HIV/AIDS, one member brought forth the DOH epidemiological profile, which helped resolve the question. Other than these data sources, members used their own experience and some general population demographic statistics from the U.S. Census. The Gaps Committee met as a whole on May 13, after which the Partnership staff evaluated their input and used it to come up with the final numbers.

Point-in-Time Survey: The Partnership contacted all public and private CoC programs (emergency, transitional and permanent housing) by fax and email asking them to participate in a PIT survey; distributed a survey based on the Gaps Table date elements; conducted two trainings to show providers how to fill out the survey; followed up by telephone to check and clean data; and received responses about numbers of persons on the street or in shelters on 1/24/02 from 95% of all known CoC programs. The data confirmed that a little over 81% of all known shelter and housing beds were occupied on that day, an occupancy rate not unlike other large CoC systems and one that was more likely 85% if the occupancy data from programs that did not respond had been included.⁴⁵ All emergency shelters for adults and families were filled to and beyond capacity on that day.

PIT data were analyzed to calculate the percentages for 10 subpopulations (eight of which appear in the gaps table), the numbers of individuals and persons in families, gender, employment, the providers' assessments of the kind of CoC facility the persons needed on that day, and the kinds of supportive services needed by and delivered to consumers. The data on supportive services appeared to be less than reliable for planning purposes and so the Gaps Committee elected not to produce estimates of supportive services inventory and gaps.

NSHAPC Data: While this is national data that is six years old, nevertheless the Gaps Committee used it as a check against the data derived from the PIT survey. Generally speaking, if the NSHAPC data showed a higher percentage for a particular population than did the PIT survey, then either the higher percentage was used or the PIT result was adjusted upwards.

Partnership Annual Reports: The Partnership maintains statistics on the use of the CoC system that go back to 1996 and maintains a daily census of shelter bed usage. These data were helpful in estimating, for example, how many families (400) who were on the waiting list for shelter on January 24 are likely to continue seeking shelters (70%), or how many of the street homeless come into hypothermia shelters and overflow beds and how many remain in the streets.

The *DOH HIV/AIDS Epidemiological Profile, District of Columbia, 1999* report was the basis for the Gaps Committee to estimate the HIV/AIDS rate among homeless in DC as higher than the percentages reported by either NSHAPC (4%) or the PIT survey (6%). The rate of AIDS in DC is 186 per 100,000 as compared to 20 per 100,000 nationally – that is, nine times higher. The DC MADS study done in 1992 showed a 12% rate of HIV/AIDS among the homeless, which was the data estimate used in last year's gaps analysis. Given the DOH data on the high rate of HIV, the Gaps Committee stayed with the 12% estimate for this year's analysis.

US Census data played a part in estimating that at least 10% of the homeless population is Latino, since that is about the percentage Latino in the District population. The PIT data did not show that high a percentage, partially because Latinos are less likely to use the CoC system and are thus missed in counts.

(2) how your community estimated the number of homeless people living on the streets or other places not meant for human habitation

The Partnership did not think it feasible to count every person living in the streets or other unfit places on a single day, having seen that a well-funded Census Bureau effort that tried to do that in 2000 failed to get an accurate count. Outreach organizations were therefore asked to provide a de-identified roster of persons they knew by name and from their experience to be living constantly on the streets, even if they did not actually see them on 1/24/02. Outreach agencies are organized to cover different geographic areas of the city, so their clients are more likely than not counted more than once. This method allowed the Partnership to take advantage of the standing relationships that exist between street homeless and the outreach agencies, and thus to get a better picture of the chronically homeless outdoors.

⁴⁵ A HUD-funded report found 79% occupancy of emergency and transitional capacity in large metropolitan jurisdictions: See "Assessing Homeless Population Size Through the Use of Emergency and Transitional Services in 1998: Results of the Analysis of Administrative Data from Nine U.S. Jurisdictions," Public Health Reports July-August 2001, Volume 116

(3) your community's plans for conducting regular point-in-time counts (not less than once every three years) of the homeless (i.e., street, shelter, transitional housing, and permanent supportive housing) using the resources available in your community. Explain the frequency of the counts you plan to conduct **and** the methods you plan to use.

The Partnership plans to conduct an annual point-in-time survey for at least one more year, perhaps two, using the same survey as this year with some additional data elements. The PIT survey and/or the data elements it collects are currently used in compiling a regional enumeration of the homeless population that covers the eight CoC jurisdictions which have elected officials on the board of the Metropolitan Washington Council of Governments (COG). The annual homeless enumeration report is produced by the COG Homeless Planning and Coordination Committee, which is chaired by Stephen Cleghorn, PhD, the Deputy Executive Director of the Partnership. The COG committee intends to keep using the survey as a regional tool until HMIS systems have been fully implemented across the eight jurisdictions. At that point it will be possible to obtain real time information on the sheltered population, perhaps augmented by the methods currently used to estimate the street homeless population. Since the Partnership is underway with implementing the District's HMIS, it expects to be able to collect reliable and extensive real-time data for the gaps analysis by no later than FY04.

Mainstream and Supplemental Resources Contributing to the Continuum of Care

Enrollment and Participation in Mainstream Programs. Describe your Continuum of Care-wide strategy currently in place to **systematically**:

- (1) Identify homeless persons eligible for mainstream programs.
- (2) Help enroll them in the following programs for which they are eligible:

****Medicaid **State Children's Health Insurance Program (SCHIP) **TANF **Food
Stamps **SSI ** Workforce Investment Act ** Veterans Health Care**

- (3) Ensure they receive assistance under **each** of the programs for which they are enrolled.
(*Although you may require multiple pages to respond to this item, your response will count as only one page towards the 25 page limitation.*)

Medicaid: The Department of Mental Health and the Department of Health (including its contracted substance abuse services) utilize Medicaid funds extensively to operate services that directly benefit homeless people. DMH uses Medicaid to fund patient services and medicines provided by two *Homeless Support Teams* serving 250 clients (cost = \$1.6 million), three *Mobile Community Outreach Treatment Teams* that have many homeless clients, four community mental health centers, the DMH *Our House* drop-in center (cost = \$700,000), and the Homeless Outreach Program that makes 300-400 outreach contacts monthly (cost = \$250,000). Its reimbursement for health services is based on enrolling clients in Medicaid. DMH is now using a Medicaid Rehab Option to decentralize its mental health services by having qualified "*core service agencies*" deliver mental health care and medication. Three of the eight core service agencies – *Green Door*, *Community Connections*, and *Anchor Mental Health* – are serving many homeless mentally ill persons. DOH utilizes Medicaid for its detoxification center and residential treatment programs, again because clients are assessed to be eligible for Medicaid services. *Health Right*, the subsidiary of *Unity Health Care* (formerly Health Care for the Homeless) is applying to be a core service agent and already collects Medicaid revenue for homeless clients.

Children's Health Insurance Program (CHIP): Case managers in emergency shelters and transitional housing inform clients of this resource and refer clients to the District's CHIP office. The Partnership circulates information and conducts period "best practice" training on CHIP for its family shelter providers in order to increase utilization of the program by homeless families.

TANF: TANF block grant funds are providing \$8 million of the District's FY02 budget for homeless families' emergency shelter and supportive services. About 70% of families entering emergency shelters receive TANF benefits and every family entering shelter that is eligible for TANF is immediately referred to the District's Income Maintenance Administration (IMA). *IMA allows central intake for homeless families to access its TANF client database*, thus ensuring systematic identification of families on TANF or eligible to apply. TANF funds and District funds of \$16 million are being used to support over 2,000 daycare slots for families entering the workforce, a resource that homeless shelter case managers know about and are routinely helping families to obtain.

Food stamps : Most homeless clients with disabilities are enrolled in the program and receiving food stamps. Among the first steps taken to help a new shelter resident, case managers assist eligible clients to apply for and obtain the food stamp benefit; many programs even require it as a condition of stay. DHS also makes WIC vouchers available to eligible homeless families.

SSI: Of the 57 programs seeking renewal funding in this year's CoC application, over 70% report that they routinely assist their clients in obtaining SSI and SSDI benefits. Some programs do not seek it routinely because they do not serve a disabled population.

A portion of the **Mental Health Block Grant** funds 40 of the 400 "Home First" permanent housing units for SMI homeless persons, managed by DMH and the Partnership.

The Addiction Prevention and Recovery Administration uses **Substance Abuse Block Grant** funds to support outreach into shelters for persons who have lost SSI/SSDI benefits, transitional apartments for women, and expedited detoxification services for adults seeking recovery who come into the Downtown BID Service Center.

Workforce Investment Act: The Partnership's Executive Director (Sue Marshall) and its Chair (James Gibson) served on planning committees that led to the establishment of the Workforce Investment Council and the development of the District's One-Stop Career Center System, which is now operating throughout the city and considers homeless people as one of four priority groups to serve. Family transitional housing programs rely heavily on the Career Centers to help their clients find employment. In February 2002 a One Stop Career Center was opened at the *Downtown BID Service Center*, where homeless men and women can now walk up a flight of stairs from their meal program to take advantage of the computerized job search service and get help from DOES staff on duty. DHCD's Enterprise Community Program invested \$344,000 in FY01 for education/training and workforce development programs operated by six CoC agencies: *Community Family Life Services, Neighbors Consejo, Academy of Hope, Third Street Church of God, Covenant House-DC, and Efforts from Ex-Convicts*.

Welfare-to-Work Grant Program: WtW funds (\$1.5 million) are supporting activities of STRIVE-DC and Davis Memorial Goodwill Industries to serve non-custodial parents, mostly fathers and many of these are homeless. STRIVE-DC is closely allied with the HCSC/Community Action Group's transitional housing program that houses up to 127 men and women in recovery and refers them to STRIVE-DC for employment assistance. In addition CARE Management, which operates a 45-unit family emergency shelter, has a partnership with STRIVE-DC to obtain employment services for its clients.

Veterans Health Care: Kit Angell, MSN is HCVC Director at the VA Hospital in Washington, D.C. and convenes an annual CHALENG meeting to connect CoC providers with the VA's health care and other services. The VA Hospital's Compensated Work Therapy program serves homeless veterans. The VA also stages periodic "stand downs" and health fairs to extend medical care to homeless veterans in the District. The Veterans Health Administration has recognized the "Health Care for the Homeless Program" at the District's VA Hospital as a national model, and the Washington VA Medical Center is one of only 10 sites nationally to be granted funds for the Homeless Dental Initiative for FY 2000 and 2001. The medical center is partnering with the Howard University School of Dentistry as part of the initiative to provide basic restorative dental care to homeless veterans who otherwise would not have dental care. The project is designed to serve 150 to 250 homeless veterans annually. The VA operates Mobile Health Clinics that bring VA health care directly to your neighborhood. These state-of-the-art van units are fully equipped with exam rooms and are staffed by health care individuals who offer veterans quality services, and can be contacted in D.C. at 202-745-2274.

- c. **Use of Mainstream Resources.** Using the following format, describe how the identified mainstream resources are currently (within the past 2 years) being used to assist **homeless persons** (see definition of "homeless person" in Glossary). "Prevention" activities are *not* to be included. *(Please ensure that there is no overlap between funds listed on your Project Leveraging Chart and the uses/projects described below.)*

Mainstream Resources	Use of Resource in CoC System (e.g., rehab of rental units, job training, etc.), for <u>homeless</u> persons	Specific Project Name	\$ Amount or number of units/beds provided within last 2 years specifically for <u>homeless</u>
CDBG	Project acquisition, new construction and rehabilitation	Haven House Cooperative for adults/families w/HIV	\$375,000
HOME	Project acquisition, new construction and rehabilitation	1. Transitional Housing Corporation: <i>Partner Arms II</i> 2. Safe Haven Outreach Ministries – 4000 D St SE	1. \$420,000 2. \$500,000
HOPWA	Supports homeless CoC programs providing emergency, transitional and permanent beds to people living with HIV/AIDS	RAP Inc. emergency; La Clinica del Pueblo; RIGHT, Inc.; TERRIFIC, Inc.; Whitman-Walker Clinic	36 units for adults 33 units for families
Housing Choice Vouchers (only if "priority" is given to homeless)	Families who applied for Section 8 vouchers while homeless were provided vouchers to obtain permanent housing.	Sec. 8 Housing Choice Voucher Program	DCHA reports 1,000 families placed in FY01
Public Housing (only units dedicated to homeless)	Provided permanent housing for homeless families in FY01	"Emergency" preference list serves homeless	DCHA reports 60 families placed in FY01
Mental Health Block Grant	Provides some rental subsidies for SMI clients placed in permanent housing.	Home First II – a "housing first" program for SMI	40 units – approximate value of \$200,000
Substance Abuse Block	Dept of Health/ Addiction Prevention and Recovery	Central Intake/Detoxification	Served 2,208 homeless in FY01;

Mainstream Resources	Use of Resource in CoC System (e.g., rehab of rental units, job training, etc.), for <u>homeless</u> persons	Specific Project Name	\$ Amount or number of units/beds provided within last <u>2 years</u> specifically for <u>homeless</u>
Grant	Administration funds basic services in part with this grant.		approx \$1.6M value for 5-day stay.
Social Services Block Grant	DHS Family Services Administration uses CSBG funds for homeless programs. TANF funds pass through CSBG to fund family shelters/services	Funds granted to The Community Partnership for the Prevention of Homelessness	530 family units (emergency, transitional and permanent) are supported
Welfare-to-Work	<p>1. Department of Employment Services has awarded WtW grants to agencies serving the homeless, including non-custodial fathers</p> <p>2. DHS WtW has 10 vendors delivering job services to families on TANF (serve homeless, but number not tracked)</p>	<p>1. Community Family Life Services; United Planning Organization; STRIVE-DC; SOME Center for Employment and Training</p>	<p>1. Estimated 200 homeless persons served annually</p> <p>2. Not available</p>
City Funded Programs	<p>1. Department of Mental Health</p> <p>2. Department of Employment Services</p> <p>3. Interim Disability Act provides city funds to SSI/SSDI qualified individuals awaiting start of federal funds</p>	<p>1. Homeless Support Teams</p> <p>2. One-Stop Career Center at Downtown BID Service Ctr</p> <p>3. Income Maintenance Administration</p>	<p>1. 250 clients</p> <p>2. TBD based on usage of the services</p> <p>3. \$2.6 million in FY02; \$7.3 million in FY03</p>
Private	Private funds from individuals are substantial but very difficult to count or document in their entirety. Providers estimate that total private contributions to CoC programs are in excess of the DHS budget for homeless services (>\$17 million). When considering both cash and in-kind contributions from private sources, the <u>programs proposed in this 2002 CoC application are leveraging \$14,443,829 in private contributions</u> (see leveraging exhibit).		
<p>Foundations: The Foundation Center reports that the following 26 foundations provided 143 grants of \$10K or more, totaling \$5,523,982, to DC homeless CoC programs in calendar year 2000, the latest data on record. These grants supported <i>new construction, rehab, operations, and supportive services</i>. The leveraging exhibit with this CoC proposal shows another \$5.2 million in foundation grants for these projects <u>alone</u>; <u>thus an estimated \$10.7 million at least over the past 2 years</u>.</p> <p><u>Specific Foundations</u></p> <p>The Community Foundation for the National Capital Region</p> <p>Freddie Mac Foundation</p> <p>Fannie Mae Foundation</p>		<p>62 agencies received foundation grants in 2000:</p> <p><i>Community Family Life Services</i> \$573,626 (14 grants)</p> <p><i>Bright Beginnings</i> \$449,783 (7 grants)</p> <p><i>So Others Might Eat (SOME)</i> \$401,803 (4 grants)</p> <p><i>Potomac Residence Club</i> \$377,134 (6 grants)</p> <p><i>House of Ruth</i> \$330,000 (2 grants)</p> <p><i>Martha’s Table</i> \$297,299 (8 grants)</p> <p><i>Covenant House</i> \$273,000 (4 grants)</p> <p><i>Washington</i> \$271,079 (3 grants)</p> <p><i>N Street Village</i> \$199,326 (5 grants)</p> <p><i>Washington Legal Clinic for the Homeless</i> \$174,833 (2 grants)</p> <p><i>Mary House</i> \$164,344 (5 grants)</p> <p><i>Gospel Rescue Ministries of Washington, DC</i> \$140,000 (2 grants)</p>	

Mainstream Resources	Use of Resource in CoC System (e.g., rehab of rental units, job training, etc.), for <u>homeless</u> persons	Specific Project Name	\$ Amount or number of units/beds provided within last <u>2 years</u> specifically for <u>homeless</u>
<i>The Morris and Gwendolyn Cafritz Foundation</i>		Salvation Army of Washington, DC	\$114,997 (4 grants)
Eugene and Agnes E. Meyer Foundation		<i>Dinner Program for Homeless Women</i>	\$110,000 (2 grants)
<i>Philip L. Graham Fund</i>		Latin American Youth Center	\$109,270 (3 grants)
Moriah Fund		<i>Community Council for the Homeless at Friendship Place</i>	\$94,000 (1 grant)
<i>Alexander and Margaret Stewart Trust</i>		Christ House	\$88,386 (6 grants)
Clark-Winchcole Foundation		<i>Academy of Hope</i>	\$85,048 (2 grants)
<i>The F. B. Heron Foundation</i>		Boarder Baby Project	\$80,000 (2 grants)
Public Welfare Foundation, Inc.		<i>Clean and Sober Streets</i>	\$68,854 (2 grants)
<i>Wasserman Foundation</i>		Terrific	\$65,000 (2 grants)
van Ameringen Foundation, Inc.		<i>Cornerstone, Inc.</i>	\$62,731 (1 grant)
<i>The Starr Foundation</i>		Mount Carmel House	\$61,074 (3 grants)
Naomi and Nehemiah Cohen Foundation		<i>Transitional Housing Corporation</i>	\$61,039 (3 grants)
<i>Park Foundation, Inc.</i>		Housing Opportunities for Women	\$55,000 (3 grants)
William G. McGowan Charitable Fund		<i>Homeless Childrens Tutorial Project</i>	\$50,853 (2 grants)
<i>The Max and Victoria Dreyfus Foundation, Inc.</i>		Project Northstar	\$50,000 (2 grants)
Levi Strauss Foundation		<i>Community Housing Trust</i>	\$49,503 (2)
<i>Bank of America Foundation, Inc.</i>		<i>Council of Latino Agencies</i>	\$46,035 (2 grants)
Blum-Kovler Foundation		Open Arms Housing	\$45,000 (3 grants)
<i>Eugene B. Casey Foundation</i>		<i>Jobs for Homeless People</i>	\$30,000 (1 grant)
DaimlerChrysler Corporation Fund		Alliance for Justice	\$30,000 (1 grant)
<i>Raskob Foundation for Catholic Activities, Inc.</i>		<i>PACT</i>	\$29,836 (1 grant)
ExxonMobil Foundation		Capitol Hill Group Ministry	\$27,800 (1 grant)
<i>Citigroup Foundation</i>		<i>Healthy Babies Project</i>	\$25,000 (1 grant)
<u>Specific Project Name</u>	<u>\$ Amount</u>	Wider Opportunities for Women (WOW)	\$23,752 (1 grant)
<i>Northwest Church Family Network</i>	\$12,142 (1 grant)	New Endeavors by Women	\$21,500 (1 grant)
Miriam's Kitchen	\$11,078 (1 grant)	<i>Crossroad Health Ministry</i>	\$21,373 (1 grant)
<i>Washington Literacy Council</i>	\$11,071 (1 grant)	Community for Creative Nonviolence	\$20,940 (1 grant)
Calvary Shelter	\$10,000 (1 grant)	<i>Access Housing</i>	\$20,000 (1 grant)
<i>Father McKenna Center</i>	\$10,000 (1 grant)	Miriam's House	\$20,000 (1 grant)
Hannah House	\$10,000 (1 grant)	<i>New Hope Ministries</i>	\$20,000 (1 grant)
<i>Residing in Group Housing Together (RIGHT)</i>	\$10,000 (1 grant)	Northwest Center	\$20,000 (1 grant)
Saint Margaret's Church	\$10,000 (1 grant)	<i>Sasha Bruce Youthworks</i>	\$15,000 (1 grant)
<i>Central Union Mission</i>	\$15,000 (1 grant)	Bread for the City and Zacchaeus Free Clinic	\$15,000 (1 grant)
Corcoran Gallery of Art	\$15,000 (1 grant)	Downtown Cluster of Congregations	\$14,572 (1 grant)
<i>District of Columbia Public Schools</i>	\$15,000 (1 grant)		\$13,071 (1 grant)

Mainstream Resources	Use of Resource in CoC System (e.g., rehab of rental units, job training, etc.), for <u>homeless</u> persons	Specific Project Name	\$ Amount or number of units/beds provided within last <u>2 years</u> specifically for <u>homeless</u>
		Georgetown Ministry Center <i>Josephs House</i> Church of the Epiphany <i>Independent Living for the Handicapped</i> Capital Interfaith Hospitality Network	\$12,830 (1 grant)

CoC Coordination with Empowerment Zones (EZ) and Enterprise Communities (EC).

Please provide a narrative that addresses each of the following:

- a. Specify the number and location of projects that will be located within the boundaries and/or will principally serve the homeless residents of a Federal Empowerment Zone, Enterprise Community, Urban Enhanced Enterprise Community, Strategic Planning Community or Renewal Community

Twenty-seven (27) of the 60 proposals in this 2002 application will be operating all or part of their programs within an EZ or EC area, as detailed in the table below:

Priority Number	Project Name	Project Address	EZ/EC
1	Rachael's Women's Center	1242 Florida Ave., NW Washington, DC 20004	EZ
2	Green Door Transitional	2657 Stanton Rd., SE Apt A Washington, DC 20020	EZ/EC
3	Bright Beginnings	128 M Street, NW Washington, DC 20001	EZ/EC
4	Calvary Transitional Housing Program	928 5th St. NW Washington, DC 20001	EZ/EC
5 & 6	House of Ruth Unity Inn	459 Massachusetts Ave. NE, Washington, DC 20001	EZ/EC
17	Community Family Life Services	712 Brandywine St. SE Washington, DC 20032	EZ
18	Community Connections – TLC	1308 R St., NW Washington, DC 20009	EZ
19	Community Family Life Services – Trinity	500-504 3rd St. NW Washington, DC 20001	EZ
21	Coalition for the Homeless – Spring Rd.	1433 & 1435 Spring Road NW Washington, DC 20002	EZ
10,11, 12	House of Ruth – Kidspace	2910 & 2916 Pennsylvania Ave., SE Washington, DC 20020	EZ
25	Coates and Lane Foundation	300 I St. NE Suite 3 Washington, DC 20002	EZ
27	Gospel Rescue Ministries – Transforming Lives and Fulton House	810 5th St. NW Washington, DC 20001 512 I St., NW 20001	EZ/EC EZ
28	House of Ruth – Madison Transitional	651 10 th St. NE, Washington, DC 20002	EZ
32	Coalition for the Homeless – Blair House	635 I St. NE Washington, DC 20002	EC
33	DC Central Kitchen Culinary Training	425 2 nd St., NW Washington, DC 20001	EZ
36	New Hope Ministries Safe Haven	1610 7 th St. NW, Washington, DC 20001	EZ
37	New Endeavors by Women – NEXT	2810 13th Street, NW Washington, DC 20009	EZ/EC
38	Community Connections – Training Apartments	1323 Downing Pl., NE Washington, DC 20018 2808 2 nd St. SE Washington, DC 20032	EZ/EC EZ
39	Community Connections -- G St HIV	1330 G St., NE Washington, DC 20005	EZ/EC
40	Community Family Life Services Reunification	3749-55 First St., SE Washington, DC 20032	EZ

Priority Number	Project Name	Project Address	EZ/EC
42	Coalition for the Homeless – HELP	1725 Lincoln Rd. NE Washington , DC 20002	EZ
43	Catholic Charities – Mt. Carmel House	940 G St., NW, Washington, DC 20001	EZ/EC
45	Catholic Charities – Mulumba House	621 Rhode Island Ave., NW Washington, DC 20001	EZ/EC
48	Unity Health Care at Federal City Shelter	425 2 nd St. NW, Washington, DC 20001	EZ
50	HCSC/Community Action Group	3321 13 th St. SE, Washington, DC 20032	EZ/EC
54	Building Futures – Daffodil House	3068 30 th St, SE Washington, DC 20020	EZ
59	Access Housing – Chesapeake House	840 Chesapeake Street, SE Washington, DC 20032	EZ

- b. Of the projects identified in (a), indicate which projects give priority placement to homeless persons living on the streets or in shelters within the EZ or EC area, or whose last known address was within the EZ or EC.

The Bright Beginnings daycare program gives priority placement to children living within the Enterprise Zone in which the program is located. Calvary Women’s Shelter serves women who are primarily from the Enterprise Community in which the shelter is located.

- c. Describe how the applicant/sponsor will ensure that priority placement will be given to homeless persons living on the streets or in shelters within the EZ or EC.

The Bright Beginnings daycare program operates 88 daycare slots for children who come from homeless families throughout the family CoC of emergency shelters and transitional housing. Of these daycare slots, the 26 with HUD funding are set aside for use by children residing in homeless shelters and transitional housing within the EZ. Bright Beginnings works out of the Perry School Community Center, a project that over the past four years, with DHCD help has become a major social services resource in the low-income community it serves.

The Calvary Transitional Housing Program reaches out to and takes in 25 homeless women who have been staying in the downtown streets of the District that are part of the Enterprise Community. Priority is given to attracting women who live in the streets of the EC in which the program is located, as Calvary operates a “low-barrier” transitional program that succeeds where many have failed in getting some of the most vulnerable and frightened women to accept services.

- d. Describe the extent of the linkages and coordination between the CoC system or proposed projects identified under (b) and the EZ/EC.

The FY01 CAPER excerpt below shows the extent to which the ECP Governance Board values its partnership with homeless CoC programs:

In FY01 District of Columbia government’s Enterprise Community Program (ECP) Governance Board continued to build community based partnerships involving participants from all segments of the community. The ECP continues to develop working relationships with the following District based groups (i.e., political, local public health, non-profits) in an effort to meet the challenges of the EC goal to provide zone residents with the resources and training necessary to empower individuals and families for financial independence:

*Community Partnership for the Prevention of Homelessness
Department of Employment Services
Department of Public Schools
Department of Public Health
DC Funded Community Development Corporations/CBO*

Both Bright Beginnings and Calvary Transitional Housing Program draw upon and relate to all the organizations that the ECP Governing Board describes as essential partners, as well as to other CoC providers and CBOs that the ECP office is supporting (see next paragraph). It is not so much the case that the ECP office coordinates day-to-day with these two programs, nor that it needs to, but rather that the office has come to understand that these two programs and many other CoC programs are assets for achieving the ECP objectives. After all the Calvary program is an asset to its community because it removes homeless women from the streets, and Bright Beginnings has brought substantial new value to the Perry School Project and the CBO that runs it.

Since 1998 the Partnership has communicated with DHCD and the ECP office about strengthening linkages between the CoC planning efforts of the Partnership and both the District's Consolidated Plan and its Enterprise Community planning process. The ECP in turn has become more involved with the CoC through several other programs. The coordination was evidenced in FY01 by an EZ education and training grant of \$87,000 to Community Family Life Services, a project sponsor with two renewal programs inside an EZ that are part of this CoC application, and a likely source of employment assistance for mothers whose children go to Bright Beginnings. In addition, the ECP board has made workforce development grants for employment services to other homeless CoC providers: Neighbors' Consejo (\$15,000), Academy of Hope (\$35,000), Third Street Church of God (\$42,000), Covenant House-DC (\$100,000) and Efforts from Ex-Convicts (\$65,000). Finally, several of the larger emergency shelters are in an EZ or EC, and the CAPER reports that DHCD spent \$1,795,000 on these shelter facilities in FY01. Finally, DHCD has recently invested in renovating the 20-unit Augusta/Louisa Apartments for homeless families, just two blocks from the Perry School and with some of the families' children going to Perry School programs. Here again it is evident that the DHCD and ECP objectives are working hand in hand.